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ORIGINAL ARTICLES.

THE VALUE OF INTERNAL ŒSOPHAGOTOMY IN THE TREATMENT OF CICATRICIAL STRICTURE.[1]

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My object in the present paper is to consider the value of the operation known as internal œsophagotomy; and to give the particulars of an aggravated case of stricture lately under my care, in which this procedure was carried out with a gratifying amount of success. My remarks will relate only to that form of stricture denominated simple, fibrous, or cicatricial, inasmuch as the operation in question is one of doubtful utility in cases of stricture due to the development of a malignant growth.

Simple stricture of the œsophagus is probably always preceded by inflammation or ulceration of one or more of its component layers. Systematic writers describe a number of varieties of inflammation, such as catarrhal, syphilitic, phlegmonous, and traumatic, any one of which may lay the foundation of stricture. From an etiological point of view, however, œsophageal strictures are distinguished by the fact that a vast majority of them are due to the reactive inflammation which follows contact with some highly corrosive liquid, such as sulphuric, nitric, or hydrochloric acid, or a concentrated solution of caustic potash. A consideration of the effects produced by these substances, when accidentally or intentionally swallowed, is essential to a correct appreciation of the pathology and treatment of the lesions that may ensue. These effects vary greatly in different cases, according to the amount of the liquid taken and its degree of concentration. They may be limited to a part or the whole of the œsophagus, or may also extend to the stomach. If the poison is undiluted, and the quantity large, death usually occurs soon after the injury, in consequence of sloughing inflammation of the œsophagus. The slightest lesion observed consists in a destruction of the epithelial lining, which is soon cast off and regenerated. The cases that possess a surgical interest lie between these extremes. The destructive action may be restricted to the œsophageal mucous membrane, or may involve the subjacent connective tissue, or even the muscular coat. It may be confined to a very short portion of the tube, or may extend throughout its entire length. Furthermore, it may include a part or the whole of its circumference. Accordingly, when the substance which has been destroyed and cast off is replaced by adventitious fibrous tissue, one or more strictures will result, varying in situation, character, and extent. Avoiding details which are familiar to all, or which are irrelevant to the present discussion, I would draw attention to certain points of contrast between several recognized varieties of stricture, which have an important relation to the prognosis and treatment of the disease. *Cæteris paribus*, the gravity of a stricture will be greater in proportion to its length; and when we remember that a narrowing of any considerable portion of the length of the œsophagus rarely takes place unless the corrosive action of the poison has been intense; and that the long, tubular strictures which result therefrom are usually dependent upon the production of an abundant quantity of cicatricial tissue, and are correspondingly narrow, indurated, and unyielding, as well as often tortuous, we can understand why, as a rule, such strictures are amenable neither to dilatation nor to internal division, but demand gastrostomy as the only available means of prolonging life.

Provided a stricture is permeable to instruments of moderate size, its length can usually be ascertained by the use of a bulbous bougie. The upper limit is indicated when the bulb meets with resistance before it enters the stricture, and the lower limit as it again encounters resistance on being withdrawn. Œsophageal strictures, as I have already stated, vary greatly in their longitudinal extent; and, classified according to their variations in this respect, they may, like strictures of the urethra, be spoken of as linear, annular, or tubular. Another variety of stricture is that in which the cicatricial tissue is of limited horizontal extent, so that it does not embrace the entire circumference of the œsophagus. It may thus form a more or less rigid, valve-like projection against the opposite unaltered wall, causing the orifice of the stricture to have an eccentric position. Trélat,[1] in 1870, proposed to diagnosticate this peculiar condition by means of a demi-bulbous bougie, whose expanded extremity is flat on one side and convex on the other. By introducing the bulb beyond the stricture, and presenting its convex surface toward different parts of the circumference of the œsophagus while making successive attempts to withdraw it, the situation of the callous deposit may be determined by feeling the greater resistance which it opposes to the withdrawal of the instrument. The practical application of the information thus obtained will presently be apparent.

Perhaps I can adopt no better plan of stating my own views regarding the value of internal œsophagotomy as a surgical expedient than by combining them with the record of a case in which I have recently performed the operation.

Addie B., aged eight years, came under my care on January 10, 1883, having been sent to me by

[1] Read before the New York Surgical Society, Jan. 22, 1884.

[1] Bulletin de Thérapeutique, Paris, 1870, p. 262.

Prof. William H. Doughty, of Augusta, Ga., in the hope that something might be done to relieve her of an œsophageal obstruction which had been caused by the accidental swallowing of a mouthful of a strong solution of caustic potash, on September 27, 1882. No alarming symptoms immediately followed the accident, but deglutition was always afterward more or less difficult and painful, rendering necessary a fluid diet, which consisted chiefly of milk. Dysphagia began to be severe early in November, and was attended with rapid emaciation, the child's weight having been reduced from forty-four to forty-one pounds in the week ending November 16. Subsequently a slight improvement took place, but toward the end of December the patient's condition grew very alarming, and it was found necessary to resort to rectal alimentation. Early in January, dilatation of the stricture was attempted; no progress was made, however, and fearing that the child's situation might at any time become desperate, Dr. Doughty recommended that she should be brought to New York for the purpose of being benefited, if possible, by surgical treatment. At the time of my first visit, on January 10, I found her very weak, emaciated, and dejected, and evidently threatened with death from starvation. Deglutition had become almost impossible, and the rectum had become somewhat intolerant of enemata. On exploring the œsophagus, I discovered a tight stricture, situated nearly opposite to the middle of the sternum, at a distance of eight and a half inches from the incisor teeth. The stricture was impassable to instruments, and the daily attempts I made to penetrate it were unsuccessful, until January 16, when I was able to introduce a filiform whalebone bougie, having a diameter of two-thirds of a milimetre. During the ensuing five months, dilatation was practised almost every day, but made very slow progress, as is shown by the following record:

January 23.—Passed an elastic bougie, No. 6.
February 1.—Passed No. 9.
22d.—Passed No. 11.
28th.—Passed No. 12.
March 15.—Passed No. 13.
April 11.—Passed No. 14.
27th.—Passed No. 15.
May 8.—Passed No. 16.
28th.—Passed No. 17.

On February 1, I succeeded in introducing an elastic catheter, having a diameter of three millimetres, which proved large enough to allow the injection of milk into the stomach, whenever the child was unable to swallow. Until this time her condition had been extremely precarious, and the question of performing gastrostomy was more than once debated. But, on the one hand, the patient seemed too feeble to bear the operation; and, on the other, her father's repugnance to such a procedure was invincible. Later, the dysphagia diminished, so that she was able to swallow an abundance of fluid food, consisting of milk, soup, and raw eggs; and towards the end of May it was found that she had gained twelve pounds in weight since her arrival in New York. Nevertheless, it had meanwhile become evident that the stricture was of the most obstinate character; for, whenever a single day passed without an attempt to dilate it, a contraction would take place, rendering necessary the use of smaller instruments, the employment of which sometimes caused considerable pain. Being convinced that future treatment by dilatation would be useless, and perhaps dangerous, by allowing accidental injury to the œsophagus, I decided to resort to internal œsophagotomy, as the most promising expedient under the circumstances. I was encouraged to anticipate success from the operation in the present case, especially in view of two considerations: *First.* I had ascertained by careful exploration, made with demi-bulbous bougies, that the stricture was due to the pressure of a narrow ring of fibrous tissue, occupying only a quarter of an inch of the length of the canal. *Second.* On introducing beyond the stricture an instrument which I designed for the purpose of examining the deeper parts of the œsophagus, and which is constructed on the same principle as Dr. Weir's urethrometer, I found that when the bulb was expanded to its utmost limit, No. 28 (F.), no other contraction could be detected. Accordingly, it appeared probable that great benefit must result from internal division of the stricture, provided this could be safely accomplished. But the operation is well known to be hazardous; and perhaps, for this reason, it has been rarely undertaken since it was performed for the first time by its inventor, Maisonneuve, in 1861.[1] Mackenzie,[2] who published, a few months ago, an interesting article containing the statistics of internal œsophagotomy, was able to cite only eleven cases in which the operation had been performed for cicatricial stricture; and of these, three, or 27.27 per cent. proved fatal. The operation is condemned by many surgical writers, and is not even mentioned in some of our popular text-books. When we reflect, however, that the natural termination of the disease is death by starvation; that there are many cases like the one herewith reported, which baffle the most patient attempts at dilatation; that the operation required to establish an artificial opening in the stomach for the purpose of feeding is one which is likewise dangerous, and which, even when successful, places the patient in a deplorable condition, and cannot be contemplated without some feeling of disgust; and that, finally, internal œsophagotomy is an operation which aims to reëstablish a function so important as that of deglutition, we must acknowledge that it merits the most attentive study, with the view of determining the class of cases to which it is applicable, and of adopting the safest and most efficient method of performing it. Undoubtedly, the cases most favorable for the operation are those in which there is only a single stricture, of slight longitudinal extent. Conversely, little hope of benefit from it can be entertained when the stricture is long, tortuous, and indurated. We notice here a close analogy between strictures of the urethra and those of the

[1] Maisonneuve, Clinique Chirurgical, Paris, 1864, tome ii. p. 409.
[2] American Journal of Medical Sciences, 1883, vol. i. p. 420.

œsophagus. In bad cases of urethral stricture, however, which are not curable by internal division, we can often resort with success to external urethrotomy; while external division is a procedure very rarely adapted to œsophageal strictures, on account of the usually inaccessible situation of the affected parts.

The dangers of internal œsophagotomy depend on the important relations of the gullet. In different parts of its course it is in close proximity to the pneumogastric and the recurrent laryngeal nerves, the trachea, the left bronchus, the pericardium, the aorta, the azygos vein, and the pleura. The loose connective tissue behind the œsophagus is prone to suppurate when injured, or when food or other irritating substances come in contact with it. Some of the risks attending the operation may be gathered by a perusal of the recorded cases. In Maisonneuve's hands, two proved fatal from peritonitis, apparently not dependent on the operation, as, at the autopsy, the incisions were found not to have passed beyond the limit of the callous tissue, while the surrounding parts were free from inflammation. Braun[1] conjectures that in both these cases the stomach may have been accidentally perforated by the metal conductor which forms a part of the œsophagotome, although Maisonneuve alleges that no such perforation could be discovered on careful examination. Trélat's[2] patient had severe hemorrhage after the operation; and death, in a case related by Schilz, was probably due to this cause. In Czerny's case, the incision doubtless perforated the œsophagus; for emphysema of the neck was noticed a few hours subsequent to the operation, and, after death, a large abscess was discovered in the posterior mediastinum, communicating with the œsophagus and with the right pleural sac. Likewise, in a fatal case recorded by Mackenzie, pneumonia supervened soon after the operation, and at the autopsy a purulent collection was found in the right pleura. Omitting further allusion to Maisonneuve's cases, in which there is no demonstrable connection between the fatal event and the operation, it is evident that the chief danger of internal œsophagotomy is either that of accidentally cutting the healthy vascular tissue, thereby causing hemorrhage, or of making the incision so deep as to injure one or more of the important parts with which the gullet is in relation. An ideal operation, therefore, would be one in which the cicatricial tissue alone is divided, and in which the perioesophageal structures are left intact. We are thus left to examine the different methods which have been employed, in order to ascertain to what extent these requirements have been fulfilled.

Maisonneuve's instrument is similar in principle to his well-known admirable urethrotome. It has a conductor, consisting of a slender, flexible bougie, to which is attached a flattened steel guide, four millimetres in breadth, and grooved on opposite sides to receive the blades. The latter are two in number, each one being twelve millimetres in breadth, of triangular shape, and having a cutting edge limited to its anterior third, the remainder being quite blunt. The guide having been introduced through the stricture into the stomach, one of the blades, the edge of which is directed laterally, is passed slowly and gently along the conducting groove until it reaches the stricture, when it is advanced with a sufficient degree of force to overcome the resistance. The second blade is then introduced in the same manner, making an incision through the opposite side of the stricture; finally, the entire instrument is carefully withdrawn.

Studsgaard employed an instrument resembling Maisonneuve's, but having a concealed double-edged blade.

Lannelongue's œsophagotome also resembles Maisonneuve's, but has only a single blade, which is protected by a sheath. The projection of the cutting edge is fifteen millimetres.

Trélat invented an instrument by which he divided the stricture by cutting from below upward. It is provided with two blades, each one being four centimetres in length, concealed within a metal tube four millimetres in diameter and six centimetres in length. By turning a screw in the handle of the instrument, the blades can be projected to any distance not exceeding two centimetres. Owing to the length of the blades, they have a very gentie slope, which facilitates their passage through the tissues that require to be divided.

Dolbeau operated by the retrograde method, using an instrument provided with a conical tip, in which were concealed two lateral cutting blades. The bulb was made just large enough to pass through the stricture, and the blades could not be projected beyond the diameter of the cone.

Czerny and Mackenzie have also performed the retrograde operation with instruments of their own invention, each one being furnished with a single blade.

On comparing these several instruments, it will be found, in the first place, that some are arranged so as to cut from above downward, while with others the incision is made from below upward. Recent writers have usually, and perhaps rightly, condemned all instruments belonging to the former category; but their objections do not seem to me the strongest that might be offered. Whether the incision is made from above downward, or in the contrary direction, is of itself a matter of little moment. It has been said that when the incision is made by thrusting the knife downward, the œsophageal wall below the stricture is especially liable to be perforated; but I cannot understand why this should happen without carelessness on the part of the operator, nor am I acquainted with any clinical or pathological evidence in support of the assertion. The great disadvantage of the anterograde operation seems to be the necessity of introducing a sharp metallic guide considerably beyond the stricture before the blade can be safely used. This manœuvre was found to be extremely difficult by both Maisonneuve and Lannelongue, and must be attended with no slight risk of causing perforation. In operating by the retrograde method, this danger is diminished by the flexibility of the in-

[1] Czerny; Beiträge zur Operativen Chirurgie, p. 76.
[2] Bulletin de Thérapeutique, 1870, p. 259.

strument employed, as well as by the circumstance that its extremity can be made blunt, and need not be introduced far beyond the seat of stricture. On the other hand, in the case of a stricture of very small calibre, Maisonneuve's operation would have the advantage that it could be performed with a guide not exceeding two millimetres in diameter; while an instrument intended to cut from below upward can hardly be made with a diameter less than four millimetres.

A second difference to be noticed is, that some instruments are provided with only a single blade, while others have two blades so arranged as to cut on opposite sides. There can be no doubt that the safety of the operation is increased when only one blade is employed, which can be directed with precision toward any part of the circumference where division of the cicatricial tissue is indicated.

The last and most important contrast to be observed, is the different depth to which the incision is extended, or may be extended, with different instruments. This is very great, Dolbeau's instrument, for example, being so constructed as to permit of mere scarification; while in that employed by Trélat, the distance between the cutting edges of the two blades, when fully projected, is two centimetres. In endeavoring to estimate the relative value and safety of shallow and deep incisions in the treatment of stricture of the œsophagus by internal division, we must take into account certain facts revealed by pathological anatomy. It is well known that, in strictures of equal calibre, the thickness of the fibrous material on which the constriction depends varies greatly in different instances. Thus, a stricture which will admit only a filiform bougie may be owing to the presence of a narrow ring of cicatricial tissue, not exceeding one or two millimetres in thickness; while in another stricture of the same calibre, the thickness of the constricting band may exceed a centimetre. It is evident that in the former case a shallow incision would relieve the constriction, and that in the latter a deep incision would be required for the same purpose. It is also plain that, in the former case, a deep incision would be liable to extend beyond the outer circumference of the œsophagus. Indeed, this accident occurred and proved fatal in Czerny's patient, although the incision was only two millimetres in depth. Unfortunately, we have no means of determining in the living subject the exact thickness of the callous deposit, and are consequently left in uncertainty regarding the needful depth of the incision in any given case. A shallow cut may be useless; a deep one may be fatal. Notwithstanding our want of knowledge as to the condition of the diseased parts, we may, I think, proceed in such a manner as to overcome the constriction without subjecting the patient to any extraordinary risk. As, in spite of every precaution, the edge of the knife may possibly be directed against some part of the œsophagus which has undergone no morbid change, the depth of any single incision ought to be a trifle less than the thickness of its coats, which sometimes does not exceed two millimetres. Assuming that the stricture is annular, we may make a superficial incision at any point of its circumference, and afterward endeavor to effect dilatation by the introduction of sounds. If we have succeeded in dividing the whole, or even the greater part, of the constricting band, rapid improvement will probably follow. Should little or no benefit result from the first incision, a second one may be made at some other point, where perhaps the ring may be thinner and less resistant. In case this fails to cause improvement, still another point may be selected for incision, with perhaps a more fortunate result; or it may be found expedient to make a number of incisions in the same plane. Much has been said respecting the comparative safety of cutting in different directions; some operators preferring to cut toward the right side, some toward the left side, while others regard a posterior incision as the only proper one. The relations of the œsophagus vary so considerably in different parts of its extent, that it is impossible to lay down any rule which would apply to all cases. Perhaps, in a general way, it may be affirmed that an anterior incision is the most hazardous, and a posterior one the least so; but if we adopt the precaution of avoiding incisions of sufficient depth to penetrate the entire thickness of the œsophageal wall, we may turn the edge of the knife toward any point without running much risk of wounding important parts.

The most difficult problem connected with the operation is that of exactly regulating the depth of any given incision. I believe that this can be done only by distending the stricture at the time when the knife is applied to it. On this principle I have devised the simple œsophagotome represented in the accompanying figure.

The shank of the instrument, which is fifteen and a half inches in length, and four millimetres in diameter, is a flexible tube made of narrow spiral steel plate, secured within by two pieces of fine wire in order to prevent separation of the spiral coil. The instrument is provided with a variable number of steel bulbs, each bulb being furnished with a corresponding knife-blade. The bulb is firmly fastened by a screw to the distal end of the shank, and the knife is attached to an inner flexible steel rod, manipulated by a thumbscrew at the proximate end of the instrument. By turning this screw, the knife is drawn out from its concealed position within the bulb, the back of the blade sliding over a firm inclined plane. An index on a dial plate indicates the amount of projection of the blade, the maximum projection being two and a half millimetres. A small sliding ring on the spiral

tube is used to indicate the distance of a stricture from the incisor teeth. I selected the metallic spiral tube for the shank of the instrument because it combines flexibility with strength. The bulb being conical, the operator can readily perceive when it comes in contact with the stricture, before he projects the blade. In operating, a bulb must be employed which exactly fits the stricture; the depth of the incision will then just equal the distance to which the blade is projected by the action of the screw in the handle.

The subsequent progress of the case may be given in the following brief extracts from my note-book:

June 15.—Stricture contracted to 15 (F.). Introduced œsophagotome with bulb No. 15. Passed bulb-joint beyond the stricture; projected blade two and a half millimetres, and incised the resisting tissue in the posterior median line. The operation was nearly painless, and only a few drops of blood followed the incision. The wound was allowed to remain undisturbed for twenty-four hours, the patient meanwhile being nourished by rectal enemata. These seemed to cause pain in the abdomen, and were therefore discontinued on the day after the operation, the child being permitted to swallow milk, which she did without pain. On the same day dilatation was resumed, and the stricture was found to admit No. 19.

26th.—Daily introduction of elastic bougies since the last date has failed to accomplish any further dilatation. Incised stricture on right side to a depth of two millimetres, using bulb No. 19.

29th.—Nothing having been gained by the last operation, the same instrument was introduced, and an incision, two and a half millimetres, was made obliquely backward and toward the left side. Considerable resistance was offered to the knife, and much soreness followed the operation, rendering dilatation unusually painful. Although a very few drops of blood escaped when the incision was made, the bougies used during the succeeding week were always found stained with blood on being withdrawn.

July 12.—Dilatation arrested at 23. Arming the œsophagotome with a bulb of this size, introduced it as before, and made an incision, backward and toward the right side, two millimetres in depth. The knife encountered very little resistance, and the operation was followed by slight hemorrhage, the blood expectorated being about half an ounce.

23d.—Dilatation has reached No. 26, and patient is allowed for the first time to take solid food, which she swallows without difficulty. It may be remarked, incidentally, that no subsequent trouble was experienced in swallowing ordinary food.

August 1.—Dilatation has not gone beyond No. 27. With bulb of this size made an incision in posterior median line; depth two millimetres.

20th.—Dilatation reached 31 on August 12, but treatment having been suspended for a week, it was ascertained that the stricture had contracted to 27. To-day, using instrument with bulb 27, incised in posterior median line to a depth of two millimetres. I had now determined to make all the incisions that might be required, as far as possible, in the same plane, with the object of gradually and safely effecting a complete division of the stricture tissue, or of rendering it so thin that it would offer no obstacle to dilatation.

October 7.—Limit of dilatation, 34. Since last date, treatment was once suspended for eighteen days, when contraction took place from 34 to 26. Made an incision in posterior median line with bulb 34, projecting the blade two millimetres.

31st.—Dilatation reached 39, beyond which point it was not thought best to carry it.

November 19.—Patient started for home, being in excellent health, and weighing sixty-two and a half pounds, a gain of twenty-one and a half pounds since treatment was commenced, nine months ago.

In a letter dated January 4, 1884, Dr. Doughty writes that "there is no evidence of a tendency to recontraction, and the function of the œsophagus is as perfect as it was before the injury was inflicted." Bougies are still employed, however, in the hope of obtaining a radical cure. I have neglected to state that, before the child left New York, there were signs of catarrhal inflammation in the neighborhood of the stricture, the bougies when withdrawn being stained with a little pus. This symptom has since disappeared.

I am not willing to assert that, in the case I have narrated, a permanent cure has been effected; but I think it may be affirmed that the treatment pursued has been successful in preserving the child's life, and in restoring her to comparative health and comfort. Should dilatation fail to prevent recontraction, I would not hesitate to resort again to internal œsophagotomy.

The limit of this paper forbids any attempt to consider fully the general subject of treatment of cicatricial narrowing of the œsophagus; yet a brief enumeration of the several methods at our disposal may be profitable, by helping us to estimate the relative value of the operation now under discussion.

1. Gradual dilatation is usually, and in my opinion, justly regarded as the safest and best mode of treatment, wherever it is practicable. It is much to be regretted that this method is not always resorted to as a preventive measure, or in the incipient stage of the disease, before cicatrization has taken place. It is a fact, however, that the surgeon's aid is rarely sought until a stricture has become narrow, and deglutition difficult. I have little doubt that, in many cases, the formation of a stricture might be obviated by the frequent introduction of a full-sized bougie while the healing process is going on; and I believe it should be the rule to commence such treatment within a week or ten days after the injury has been received.

If a stricture is impermeable to instruments, dilatation is of course impossible; but, even when bougies can be readily inserted, dilatation is not always successful, as some have maintained, in restoring the distensibility of the contracted parts. This fact is well shown in the case I have described, in which this treatment was faithfully pursued during the long period of five months. Nor is the introduction of dilating instruments always safe,

especially when the stricture is narrow. I am able to recall two cases occurring in my own practice, in which an abscess was caused by what I thought at the time to be a cautious use of an elastic bougie. One of these patients recovered; the other died, the fatal event being partially attributable to an accidental perforation of the œsophagus, which led to deep-seated suppuration. A similar accident occurred in the hands of Maisonneuve, who perforated the œsophageal wall with a hollow sound; and, believing that the instrument had entered the stomach, he injected a quantity of beef-tea into the posterior mediastinum, causing the patient's death on the following day.

Finally, treatment by dilatation often requires to be continued indefinitely, in order to prevent recontraction; and, as in the case of urethral stricture, persons suffering from stricture of the œsophagus are notoriously prone to neglect themselves, avoiding dilatation until it becomes difficult or impossible.

2. I have already stated at some length what I believe to be the indications for performing internal œsophagotomy. The operation has been too warmly advocated by some who have succeeded with it, and too often depreciated by others who lack the experience needed to give weight to their opinions. The number of cases in which the operation has been performed is so small that its value cannot be determined by statistics; but the recovery of nine out of twelve patients in whom this procedure has been carried out with beneficial results, suffices to shield it from condemnation, and to claim for it serious consideration. The case I have recorded is an example of the class in which the operation may be regarded as proper. When the stricture is narrow, yet permeable; is of slight longitudinal extent, not exceeding, perhaps, a centimetre, and cannot be dilated to a size sufficient to permit easy deglutition, I believe the operation of internal œsophagotomy to be the most hopeful expedient at present within our reach. I admit that it cannot be performed without some risk, which, indeed, it may be impossible to estimate; but this is warranted by the hopeless character of the disease, and by the results of the alternative operation of gastrostomy. Perhaps the dangers attending it may be diminished by proceeding in the cautious manner I have described, so as to avoid injuring any of the important parts which lie outside of the œsophagus. The amount of benefit to be derived from the operation will depend on the form and extent of the existing lesion. If the stricture is occasioned by a narrow ring of fibrous tissue, or by a valve-like membrane, a radical cure will probably ensue when this has been divided.[1] In most cases, however, the operation will prove only an aid to dilatation, rendering this practicable, and perhaps occasionally successful in accomplishing a radical cure. In proportion to the length and induration of the stricture, the utility of internal œsophagotomy will diminish, and in many cases it would be obviously unwise to attempt it.

[1] Vide Case by Roe, New York Med. Record, vol. xxii. p. 538.

3. Boeckel[1] has recently reported two cases of impermeable stricture which he claims to have cured by electrolysis. An œsophageal tube, armed at its distal extremity with a small ball of copper, was introduced down to the stricture and then connected by means of a wire with the negative pole of a galvanic battery; the plate connected with the positive pole being placed over the eighth rib, a little to the left of the spinal column. In one case, after three applications of from two to five minutes' duration, a bougie, No. 13, was passed through the stricture, which, after the tenth application, readily yielded to dilatation. In the other case, a bougie No. 6 entered the stricture after a single application, large bougies passing at every subsequent sitting. I am unable to determine the value of this novel method of treatment, but am inclined to consider as dangerous any such attempt to penetrate a stricture which will not admit a guide.

4. Strictures situated in the region of the neck, which are either impassable or cannot be dilated, have been sometimes treated by external œsophagotomy, the operation having usually been undertaken with the view of establishing a fistula through which the patient may be fed by means of a stomach-tube introduced through the fistula, and into the stomach. Mackenzie[2] has collected five cases, in four of which the operation was followed by death at periods ranging from twenty-two hours to eight days. The fifth patient (Bryk's)[3] is reported as having been alive at the end of seven weeks. A later account of this patient, however, is given by Von Mosengeil,[4] who states that the case terminated fatally, from pyæmia, six months after the operation. In this case the œsophagus was opened above the stricture, which was three and a half centimetres in length, and was situated just below the level of the upper border of the sternum. It was treated by dilatation, and could be passed only by instruments introduced through the fistula; these caused severe pain, frequent hemorrhage, and finally a deep-seated abscess. In another case (Horsey's)[5] the œsophagus was likewise opened above the stricture, which was found to be impassable. No encouragement, therefore, is offered to repeat this operation with the object of establishing a permanent fistula, as there is no certainty that an opening can be made below the seat of obstruction. If the patient is doomed always to be fed through an artificial opening, gastrostomy is the operation which should be selected, as it secures a ready access to the alimentary canal below the stricture, and places the fistula in a situation where it can be easily hidden from view.

But evidence can be brought to show that external œsophagotomy may be of great service by enabling us to deal successfully with strictures that are impermeable to instruments introduced through the mouth. Within the past year Gussenbauer[6] has

[1] Gazette Médicale de Strasburg, 1883, No. 2.
[2] Am. Journ. Med. Sc., April, 1883, p. 420.
[3] Centralblatt für Chir., 1878, p. 59.
[4] Wiener medicin. Wochenschrift, 1877, Nos. 40–45.
[5] Am. Journ. Med. Sc., January, 1876, p. 114.
[6] Zeitschrift für Heilkunde, Bd. iv., 1883, p. 33.

published an account of two cases of deep-seated stricture, in which he achieved success by a method he calls combined œsophagotomy. The first case was that of a woman, twenty-six years old, who suffered from a tight stricture caused by swallowing sulphuric acid. The stricture extended from the cricoid cartilage to the bifurcation of the trachea, and at the time of the operation was impassable to all instruments introduced through the mouth. The œsophagus was laid open by an external incision; and, when the margins of the wound were held apart, the operator passed a probe downward a distance of eight centimetres, when it was arrested at the point of greatest constriction, opposite the tracheal bifurcation. He finally succeeded in passing through the stricture a probe one millimetre in diameter, and then a very fine grooved director, upon which, with a narrow-bladed herniotome, he incised the cicatricial tissue in two directions, namely, forward toward the right, and forward toward the left side. An elastic catheter, eight millimetres in diameter, was now introduced through the wound and into the stomach, and was retained until the fifth day, for the purpose of increasing the dilatation of the stricture, and of injecting fluid food. It was then removed, and, until the fistula closed—three weeks after the operation—the patient was fed by means of a stomach-tube introduced through the mouth. A week later, when she left the hospital, she could swallow solids without difficulty, and could herself readily pass a bougie twelve millimetres in diameter. Neglecting to follow the advice she had received, to continue treatment by dilatation, she returned to the hospital three months subsequently in the same condition as that first described; so that the operation had to be repeated. The wound in the neck healed at the end of three months; and, when the patient was last seen—fourteen months after the operation—the stricture admitted a bougie twelve millimetres in diameter. During this interval, however, she had suffered considerably in consequence of failure to practise frequent dilatation; and it seemed probable that this treatment would be required indefinitely, in order to guard against a recontraction.

The second case was that of a child, two and a half years old, who had become greatly reduced in consequence of a stricture due to the action of carbolic acid, which had been swallowed two weeks after birth. Before the operation, a bougie, three millimetres in diameter, was arrested at a point one centimetre below the cricoid cartilage. One, two millimetres in diameter, descended to the level of the manubrium sterni, while no instrument could be made to enter the narrow constriction which was near the cardiac orifice. By an operation like the one already described, the stricture was incised; the incision in the cardiac stricture, which lay nine centimetres below the opening in the neck, being two millimetres in depth, and six millimetres in length. The external wound closed in thirty-five days; dilatation was practised; and when the child was discharged from the hospital, a week afterward, she was able to swallow solid food, and a bougie having a diameter of ten millimetres could be passed into the stomach. After the lapse of a year, when the case was reported, the patient still remained well, dilatation being continued by passing bougies once a week.

A third case, in which a similar operation was successfully performed, has just been recorded by Bergmann.[1] In this instance the stricture, which was caused by the action of oxalic acid, was situated in the neck at the level of the third tracheal ring. The patient was an adult; and, although before the operation the stricture appeared to be impermeable, it was successfully penetrated after the parts were exposed to view, and the division of a valvular cicatricial fold with a tenotomy knife enabled the operator to pass a full-sized œsophageal bougie into the stomach. The opening in the neck healed at the end of five weeks, and the patient, when exhibited three months after the operation, at a meeting of the Berlin Medical Society held last October, was able to pass easily a full-sized bougie.

5. Gastrostomy, when performed merely with the intention of establishing permanently an artificial opening in the stomach, is at present regarded with considerable favor; but it can never be anything more than a last resort in cases otherwise hopeless. Alsberg's[2] statistics, which are the most complete I have been able to find, show that gastrostomy has been performed in nineteen cases of cicatricial stricture. Ten of these patients died within the first few days, mainly from peritonitis; four survived, respectively, seven, eight, fifteen, and eighteen months; while five were supposed to be living at the time of the report. Probably these are the cases alluded to by Lefort,[3] who has recently said that five persons were known to be alive at the following periods after operation, namely, four and a half months, eight months, twenty months, two years, and three years. These results justify a resort to the operation in certain cases; and it is reasonable to hope that, with increasing experience, the percentage of mortality attending it may be considerably reduced.

6. Finally, within the past year, Bergmann[4] has achieved a brilliant success in the treatment of a deep-seated stricture by a method which is both ingenious and original. Already Schede had proposed, and Trendelenburg had attempted, but in vain, the dilatation of an œsophageal stricture by means of instruments introduced through a gastric fistula previously established. Bergmann's patient was a man, forty years of age, who had an impassable stricture forty centimetres from the incisor teeth, due to the action of caustic potash. Gastrostomy was performed on January 29, 1883, and recovery took place without accident; but it was found impossible to prevent a constant escape of the contents of the stomach, and the patient's condition seems to have been very miserable. It was therefore determined to attempt the removal of the stricture. After several trials, the œsophagus was successfully explored by introducing a sound through

[1] Deutsche med. Wochenschrift, October 24, 1883.
[2] Langenbeck's Arch., vol. 28, p. 75.
[3] Gazette des Hôpitaux, xi., 1883, p. 714.
[4] Deutsche med. Wochenschrift, October 24, 1883.

the mouth while the forefinger was pushed upward through the cardiac orifice; a membranous septum was then discovered, separating the sound from the finger. This was too thick and firm to allow safe and easy perforation by the sound; while the close proximity of the heart and the descending aorta forbade an attempt to divide it with a knife. The obstructing membrane was at last safely perforated by the compressing action of a metal clamp, the blades of which were passed through the cardiac orifice to the seat of stricture, and made to grasp the end of the sound, this being pressed against the septum so as to bring it between the jaws of the clamp. Perforation having been accomplished, the opening was dilated, at first with pieces of compressed sponge, and afterwards with sounds, until it admitted a bougie one inch in diameter. On May 21, the artificial opening in the stomach was closed by a plastic operation, the function of deglutition having been completely restored. The patient, when exhibited on October 10, was in excellent health, and was able to introduce a full-sized sound into the stomach. Meanwhile, treatment by dilatation was being continued.

On reviewing the whole subject, we may conclude that certain forms of œsophageal stricture, which have heretofore proved unmanageable, are no longer beyond the reach of surgical art; and that, in some of these, internal œsophagotomy is capable, not only of saving life, but also of reëstablishing the function of deglutition, so essential to its enjoyment.

MEDICAL PROGRESS.

TREATMENT OF CANCER OF THE RECTUM.—At the close of a recent lecture on this subject, PROF. TRÉLAT drew the following conclusions:

1. Cancers of the rectum which do not cause accidents should be left alone.

2. Cancers of the very extremity of the rectum, or of the margin of the anus, should be extirpated.

3. Accidents should be treated as they arise, but palliative measures are to be avoided. In this respect, he is in accord with Prof. Verneuil, but opposed to many English surgeons.

4. When the finger can be passed beyond the cancerous mass, rectotomy should be performed, otherwise not; but a way of derivation should be made by lumbar colotomy or by forming an inguinal anus.—*Revue de Thérap.*, January 15, 1884.

TREATMENT OF BUBOES.—M. KEMPEN recommends multiple punctures with a lancet, plunged deeply into the bubo. The punctures should be made early. The result is very gratifying; in many cases, even before pus forms, the inflammatory tension disappears, and resolution proceeds rapidly. In case pus has formed, it is pressed out, and an injection of a 1–12 solution of chloride of zinc made into the bubo. A dressing of dry charpie is used.

When the bubo has already reached the suppurative stage, it is punctured as in the above-described manner, but not freely incised, and after being thoroughly washed with carbolized water, two and a half per cent., the solution of chloride of zinc is injected, and dry charpie applied as before. The dressings are used three times a day.—*Revue de Thérap.*, January 15, 1884.

PARENCHYMATOUS INJECTION OF ERGOT IN SPLENIC ENLARGEMENT.—FENOGLIO recommends the injection of ergot in cases of splenic enlargement due to malaria. He recommends Bonjean's ergotin, dissolved in hot water, injected before the midday meal, while the stomach is empty.—*Centralbl. f. d. med. Wissensch.*, December 15, 1883.

SYPHILITIC FEVER.—DR. DUFLOCQ relates (*La France Méd.*, August 30, 1883) the history of a young man, twenty-five years of age, who was admitted to a hospital suffering from a fever. The attack had begun eight days previously with headache and vertigo followed by vomiting, after which fever and diarrhœa came on. There was also epistaxis a few days later. On admission the patient presented nearly all the symptoms of typhoid fever; the tongue was white; there was tenderness on pressure in the right iliac fossa, though the belly was not tympanitic; the spleen was slightly enlarged; heart and lungs were healthy. The temperature was 104.7°. The eruption of rose-colored lenticular spots was confluent over the abdomen, and very thick over the arms, legs, and thorax. They were large, slightly elevated, and disappeared momentarily on pressure. It was the great extent of this eruption that excited suspicion and led to further examination. A cicatrix resting upon an indurated base was found upon the glans penis, and there were enlarged glands in the groin. Mucous patches were discovered in the mouth and fauces. The patient was placed upon ordinary antisyphilitic remedies, and the fever and eruption disappeared in about two weeks. Dr. Duflocq mentions, as of diagnostic value in the differentiation of typhoid from syphilitic fever, the early appearance (third or fourth day) and the abundance of the eruption.—*Practitioner*, January, 1884.

SALICYL-RESORCIN-KETONE.—Salicyl-resorcin-ketone is a compound which is formed when salicylic acid and resorcin are heated together to 195° or 200° C., and, as might have been expected, it shares to some extent the antiseptic and antipyretic properties of the bodies from which it is prepared. According to HERR REPOND (*Zeitsch. der Allgem. öst. Apoth. Ver.*, xxi., 502), in small quantities it is less powerful as an antiseptic than either salicylic acid or carbolic acid, its action being to limit the development of, rather than to kill, the septic germs. It is, however, non-poisonous, repeated doses of two grains having been administered without inconvenience; it has been found useful for surgical dressings, and has been given to the extent of three or four grammes daily in typhoid fever without producing any unpleasant symptoms. Salicyl-resorcin-ketone is soluble in 1000 parts of water at 40° C., soluble with difficulty in hot water, and easily soluble in glycerine and alcohol. It melts at 133° to 134° C., gives when in solution a red-brown color with perchloride of iron, smells faintly aromatic, and has a not disagreeable taste. The corresponding compound with phenol, salicyl-phenol-ketone, is still less active as an antiseptic, and is more insoluble, but is said to be non-poisonous even in ten-grain doses.—*Lancet*, January 5, 1885.

THE MEDICAL NEWS.

A WEEKLY JOURNAL

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SATURDAY, FEBRUARY 9, 1884.

THE MODERN OPERATION FOR THE RADICAL CURE OF HERNIA.

PROFESSOR CZERNY, of Heidelberg, in 1879, published an account of his method of effecting a so-called radical cure of hernia, which consists of exposure of the sac by a free incision under antiseptic precautions, of reducing the protruded parts, of isolating the sac from the surrounding structures, including its neck in a catgut ligature, and cutting away the remainder, of returning the stump into the abdomen, and, finally, of uniting the refreshened edges of the ring with the continued catgut suture. This procedure includes two distinct operations. Uniting the edges of the ring with silver sutures was first done by the elder Gross, as we learn from his *System of Surgery*, 5th ed., p. 579, in a case of large scrotal hernia at the Philadelphia Hospital, in 1861, with a successful issue. The other step, namely, ligation of the neck of the sac and extirpation of its fundus, originated, in 1876, with Riesel, who described it in the *Deutsche medicinische Wochenschrift*, Nos. 38 and 39, 1877.

Ligature of the neck of the sac, with excision of the fundus and stitching together the margins of the abdominal opening, appears to be freely and successfully practised by the surgeons of Liverpool. In the debate which followed the reading of a paper upon this subject at the Medical Institution of that city, by DR. HAMILTON, which may be found in the *Medical Times and Gazette*, for December 29, 1883, and the *Lancet*, for January 5, 1884, the fact was elicited that it had been done by Mr. Banks between fifty and sixty times, by Dr. Alexander thirty times, by Mr. Parker twenty-eight times, and by the Surgeons of the Northern Hospital fourteen times, and, strange to say, without a single death. As a rule, catgut was employed for the neck of the sac, and silver wire for the pillars of the ring.

This operation is applicable to all kinds of hernia, reducible or irreducible. According to Mr. Banks, it should not be performed in young children, unless the opening is very wide, or the child is unable or dislikes to wear a truss. In adults, it is especially useful when there is adherent omentum in the sac, and in hernia complicated with undescended testicle, conditions in which a truss is ineffectual. In cases of this description, the omentum or testicle should be removed. In ordinary examples of reducible hernia, it is contraindicated, unless life is rendered miserable by the disease, or the subject is rendered unfitted for work. The patient should remain in bed for at least three weeks after the operation, and wear a light truss afterwards for additional security; but in none of Mr. Parker's cases was a truss applied, and some of the subjects were up within a week, as he does not think that recurrence of the hernia is referable to the absence of such precautions.

The modern operation for rupture is one of expediency, not one of necessity. It may be resorted to directly for curative purposes, or as a part of the operation for strangulated hernia. Hence, in estimating its merits as to safety, the former class of cases can alone be taken into account, as it in nowise increases the dangers of the latter class; while both groups should be considered in arriving at a conclusion in regard to its curative effects.

The mortality of the Liverpool cases, which number about one hundred and twenty-five, was absolutely nothing, a fact which reflects great credit upon the surgeons of that city. Unfortunately, little is said of recurrence of the trouble. Of twelve cases in the Northern Hospital which had been observed for at least six months, ten were cured and two failed. The results of twenty-one operations in the hands of Mr. Banks, in which a sufficient time had elapsed to apply the test, and recorded in the *British Medical Journal*, for November 18, 1882, indicate fifteen complete cures, four partial successes, and two failures. Hence, 24.2 per cent. of these thirty-three cases failed.

In a monograph, entitled *Die Moderne Radikaloperation der Unterleibsbrüche*, Hamburg, 1883, DR. LEISRINK has collated 390 cases, which throw the desired light upon the questions of mortality and efficiency. Of 202 curative operations, that is to say, performed upon reducible herniæ, 187 recovered, and 15 died; of the former, 20⅓ per cent. recurred. Of 188 operations in connection with strangulated hernia, 155 recovered, and 33 died, but nothing is said of relapses.

The combined results of the Liverpool cases, and of those collated by Leisrink, show that of 515 operations for reducible and strangulated herniæ only 9.3 per cent. died, of which about 2 per cent. may be ascribed to the strangulation itself, since the mortality of the operation for reducible hernia, as shown by Leisrink, is 7.4 per cent.

The natural conclusions at which we would arrive from a consideration of the foregoing facts are, first, that, although the modern operation kills about one patient in every thirteen or fourteen, and fails in about one case in every five in which it is resorted to as a matter of expediency, it none the less is of great value in restoring many persons to comfort and the possibility of earning their living; and, secondly, that it should be practised in all operations for strangulated hernia in which the gut can be returned into the abdomen.

In a paper contributed to the *Nordiskt Medicinskt Arkiv*, vol. 25, part 4, LINDFORS, of Lund, records two examples of the radical cure of congenital omphalocele, the operations having been performed by himself and Krukenberg. The sac, having been previously incised if adhesions are present, is cut away, and the refreshened edges of the opening are united by sutures. In both cases the recovery was complete in four weeks. Instances of a somewhat similar nature have been reported by Rosander, in *Schmidt's Jahrbücher* for 1878, and Banks, in the *British Medical Journal* for November 18, 1882. In both, the sac and a portion of the omentum were removed, but the ring was not sutured. In none of the four had sufficient time elapsed to form a conclusion as to a final cure.

A NATIONAL PHARMACOPŒIA.

ON another page we give, from the *Journal of the American Medical Association*, the text of a bill to establish a national pharmacopœia, which has been recently introduced in the House of Representatives and referred to the Committee of Ways and Means. Our readers can thus consider its provisions for themselves, and form an intelligent opinion as to the method proposed for carrying out the object of the bill. That object, we believe, will meet with virtually unanimous approval on the part of both the medical and pharmaceutical professions, as it will simply place the United States on a level in this respect with other civilized nations. From the report of Dr. Flint, U.S.N., to the Smithsonian Institution, we learn that "of nineteen pharmacopœias in use in different countries of the world, fifteen were issued under government authority, and their directions have the force of law in their respective countries. The other four, viz., United States, Mexico, Switzerland, and Tessin, were prepared by commissions appointed by medical or pharmaceutical societies, and have no other authority in their support than that of the societies from which they emanate." Professional men in general, we suspect, will agree that we have followed the Mexican system long enough.

That the want of such a national and authoritative standard has not hitherto been pressingly felt is owing to the fact that for fifty years—from 1830 to 1880—the necessity was met by the voluntary action of representative members of the two professions, actuated only by professional and scientific zeal, and the result of their labors was freely given to their fellow-members at the lowest price compatible with accurate execution. Unfortunately, since 1880 the *United States Pharmacopœia* has become a matter of commercial speculation. While a vast amount of intelligent and well-directed labor was bestowed upon it by members of the Committee of Revision, taken as a whole it is by no means creditable to the science of the country, and complaints as to its inaccuracy and the inconvenience of its methods have been numerous. Not only was it thus inferior to former revisions, but it was padded out into an absurdly large and clumsy volume, and supplied to the profession at an extravagant price, wholly disproportionate to its former rate. That this departure from the time-honored course followed in former revisions should awaken widespread dissatisfaction was inevitable; and it was to be anticipated that that dissatisfaction would lead the Government to supply a want which had always existed, but which had never before become so imperative as it is now.

Congress, of course, has no power to establish by law a standard for the manufacture and dispensing of pharmaceutical preparations, and we see that the proposed Bill makes no attempt to do so. The government, however, has the power, and it is its duty, to furnish an authoritative standard for the use of its own officers in the military, naval, and marine-hospital services; and the Treasury Department, moreover, has long felt the need of some legal standard whereby to construe the tariff on drugs. It is primarily to meet these necessities that the proposed legislation is sought, and if, as is probable, the practitioners and pharmacists throughout the country adopt the same standard, we shall have what we have hitherto lacked, a pharmacopœia national and authoritative, in fact as well as in name. We observe that the Bill invites the coöperation of the Medical and Pharmaceutical Associations, which will doubtless be freely given, and the result of the combined labors of the ablest men in their respective branches, working under the auspices of the government, can hardly fail to be eminently credit-

able to the country at large and to give a fresh stimulus to pharmaceutical science.

As we have said above, we have no doubt that the plan for accomplishing so worthy an object will meet with a professional approval practically unanimous. It was to be expected, of course, that the commercial interests represented in the present *Pharmacopœia* as a business enterprise would object to a competition which threatens to be overwhelming, but this antagonism will be rated at its true value. The professions at large, who have been forced to purchase at a high price a work which is imperfect in many respects, will be gratified to obtain, at a minimum cost, a standard authority on which they can implicitly rely, if the work be executed as perfectly as there is every reason to expect.

While the decision rests with Congress, the question is one which ought to be settled by the weight of professional opinion. We therefore trust that all intelligent physicians and pharmaceutists will give this matter the reflection which its importance demands, and will communicate their views, whether favorable or adverse, to their members of Congress. We frankly believe that the measure must inevitably pass on its merits at this session, if it is not crowded out by the bustling legislation of a presidential year. We likewise believe it to be inevitable that if it fails at present, it will be again brought forward, and that its final success is only a question of time.

INTERNAL ŒSOPHAGOTOMY FOR CICATRICIAL STRICTURE.

IN the current issue of THE MEDICAL NEWS, DR. SANDS, in a highly practical, valuable, and exhaustive paper, calls attention to the merits of internal incision in the treatment of cicatricial stricture of the œsophagus. His case was that of a child eight years of age, who was at death's door from an obstruction, due to swallowing a solution of caustic potassa, situated eight inches and a half from the incisor teeth. After attempts to introduce an instrument for six days, a filiform whalebone bougie was finally passed, after which dilatation was practised almost daily for five months, or until it was possible to insert an elastic bougie, No. 17, French scale. During the succeeding three months and a half, the band was divided not less than seven times with an instrument devised by Dr. Sands, and five weeks later the patient was discharged, having increased her weight by one-half, and dilatation to 39 of the French scale having been accomplished. At the date of the last report, or three months after the last incision, there was no tendency to recontraction.

In the case thus briefly outlined, the subject was restored to comparative comfort and health, although too little time has elapsed to base a conclusion as to a permanent cure. The subsequent history of such cases, however, indicates that, almost without exception, recontraction ensues, particularly in children, who are difficult to manage. Hence, we regret that Dr. Sands did not base his estimate of the comparative value of the different operations for cicatricial obstruction of the gullet upon statistics derived from cases of children alone, as they constitute a class of subjects very distinct from adults in regard to the prognosis after interference.

Omitting the case of Boeckel, cured by electrolysis, we happen to have before us the details of nineteen operations for cicatricial stricture in children — several derived from private sources — which will throw some light upon their relative merits. Of four œsophagostomies, all died; of three internal œsophagotomies, two were living, respectively, at the end of five months and three months, the cases being those of Roe and Sands, while one, that of Czerny, died from complete division of the tube. The single case of combined œsophagotomy of Gussenbauer was alive at the end of one year. Of eleven gastrostomies, four died, the mortality percentage being only slightly greater than that of internal œsophagotomy. The four internal œsophagotomies, including the combined operation of Gussenbauer, indicate an average prolongation of life of one hundred and fifty-five days, three patients being alive at the expiration, respectively, of three, five, and twelve months. The eleven gastrostomies, on the other hand, show an average life of three hundred and sixty-nine days, Staton's being alive at the end of five months, Albert's at the expiration of five months and a half, and Herff's, of San Antonio, Texas, at the end of four years and five months. More than this, Trendelenburg's patient died in four years from abscess of the brain, the result of caries of the petrous bone following scarlet fever. The remaining cases survived two, seven, and eight months.

These results speak strongly in advocacy of the more simple operation of gastrostomy for cicatricial obstruction of the œsophagus in children, and their consideration leads us to regard it with more favor than does Dr. Sands in the paper referred to.

BACILLI IN THE MILK OF ANIMALS SUFFERING FROM SPLENIC FEVER.

REICH has recorded some observations which show that phthisis was transmitted by a phthisical nurse to a number of children, and Epstein believes that the disease may be transmitted to infants by the ingestion of the milk of tuberculous cows. There is, moreover, abundant evidence to prove that milk is capable of distributing enteric fever, diphtheria, smallpox, and scarlet fever, and it is probable that

it will be found to be one of the agents of communication of other diseases.

Splenic fever, anthrax, or charbon, as the affection is variously termed, is known to be very common among our domestic animals, and the blood contains enormous numbers of bacilli. Straus and Chamberland have demonstrated the fact that, through artificial inoculation, these organisms pass into the blood of the fœtus, the bile, and the urine; and in a recent communication to the Faculté des Sciences de Bordeaux, which may be found in the *Gazette Hebdomadaire*, for November 30, CHAMBRELENT and MOUSSONS have demonstrated in sucking guinea-pigs the passage of bacilli anthracis into the milk, in which fluid, however, they are far less abundant than in the blood. If future observations should show that the milk of cows suffering from splenic fever constitutes a favorable nidus for the growth and dissemination of these organisms, the application of the knowledge will be obvious.

CALCIC NEPHRITIS.

IN our issue of last week we called attention to the uric acid, or gouty, nephritis, and in this connection it behooves us not to lose sight of the fact that there is also a calcic nephritis, caused by deposits of lime in the uriniferous tubules. Unlike the uric acid deposits which are found in the straight tubes of the medulla, these are very often found in the cortex of the kidney, especially in the capsules of the glomeruli, where sometimes they form concretions of such size that they are visible to the naked eye. But they also occur in the convoluted tubes of the cortex, and even in the straight tubes of the medulla.

The chronic interstitial nephritis which attends these calcic deposits is, in many respects, similar to that associated with gouty nephritis. Indeed, it is mainly distinguished from this form by the tendency it exhibits to produce small cysts, which originate in constrictions of the uriniferous tubules. The tubules, including the straight tubes, form, first, varicose loops and tortuosities, which are gradually cut off from the tubule itself. Thus originate a series of cysts, which enlarge, and by their confluence form larger sacs.

Virchow has also described a series of cases in which these limey deposits in the tubules of the kidney appear to be metastatic, that is, large quantities of calcareous matter are dissolved out in certain diseased states of the bones and carried into the circulation, whence, among other situations, they are deposited in the kidney.

Still another mode in which lime salts occur in the kidney, is in the shape of an infiltration of the basement membrane of tubes bereft of epithelium. These, beginning on the apices of the papillæ, radiate thence in white lines towards the bases of the cones. On section, the tube is patulous, without epithelium, its walls being simply infiltrated with the lime salts. The cause of this condition would appear to be a catarrhal process resulting in a desquamation of the epithelium, with a subsequent calcareous infiltration, against which the epithelium had previously apparently protected them.

QUININE PILLS, AGAIN.

WE had felicitated ourselves that the exposure in THE NEWS, a year ago, of the prevalent shortage in the quinine pills of leading manufacturers, had led to greater accuracy in the compounding of these important little articles. That it did so, at least for a time, we have no doubt; but the permanence of the improvement is gravely questioned in a statement made by Messrs. McKesson & Robbins in the *Druggists' Circular* for the current month. That well-known firm asserts that it has analyzed samples of various brands of quinine pills, with the result of finding shortages running all the way from seven to thirty-five and a half per cent. of the alkaloid. Unfortunately, it does not mention the names of the makers of these short-weight pills; but it threatens to do so unless they speedily reform. We welcome all allies in the good cause, and shall watch with interest the result of this new investigation.

Messrs. McKesson & Robbins further promise next month to furnish a new and simple process for the assay of quinine pills with reasonable accuracy, enabling every competent pharmacist to determine for himself the value of what he dispenses. As all the processes heretofore relied upon are somewhat complicated and troublesome, we shall be very glad to see the new method, and to test its practicability.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THIS year's meeting of the Medical Society of the State of New York retained the New Code as its point of pivotal interest. Although an unofficial, yet probably accurate, canvass of the five thousand physicians in the State had shown a clear majority to be opposed to the New Code, and a minority of but one-fifth in its favor, yet it was regarded as a foregone conclusion that this minority would be so interested in its maintenance as to insure their presence at the meeting in sufficient number to give them a majority. Hence, the result of the vote on Dr. Didama's resolution for the restoration of the National Code was not unexpected.

As the outcome of this action, the adherents of the National Code felt impelled to uphold what they consider the right. They, therefore, held a meeting on Wednesday morning and organized a new State Society.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Seventy-eighth Annual Meeting, held in Albany, February 5, 6, and 7, 1884.

(*By Telegraph from our Special Reporter.*)

TUESDAY, FEBRUARY 5TH, FIRST DAY.
MORNING SESSION.

THE Society met in the Geological and Agricultural Hall, and was called to order by THE PRESIDENT, ALEXANDER HUTCHINS, M.D., of Brooklyn, and the meeting was opened with prayer by the Rev. Dr. King, of the Emmanuel Baptist Church.

THE PRESIDENT, ALEXANDER HUTCHINS, M.D., of Brooklyn, then delivered the

INAUGURAL ADDRESS,

of which the following is an abstract:

Gentlemen: In the name of the Medical Society of the State of New York, venerable through its seventy-eight years of active history; with a constituency so large, so preëminent, and so productive; with a cultured enthusiasm that has neither waned nor faltered; with a series of acquisitions, each, in its turn, abreast of the advancing triumphs of medical learning, I am privileged to welcome you to this meeting.

I submit to the Society whether some change in its business detail cannot, profitably, be made in the interest of its scientific work. The Society meets so rarely that it would not be desirable to abridge, in any way, the open discussion of all matters pertaining to its routine and legislative functions; but the remaining hours of its session could be more satisfactorily filled if it should be so desired. There are various methods of accomplishing this, but I prefer to propose that the Society, by special resolution, instruct or permit my successor to appoint the Business Committee in advance of the meeting, that they, in connection with him, may arrange for the presentation of the scientific work at the next meeting on some more or less flexible plan, and the Society can thus, perhaps, better judge if it is wise to formulate this provision in a by-law. I suggest that an effort might be made to call out original work by announcing at each meeting a number of *queries*, to which answers are solicited at the next succeeding meeting. Another suggestion is to devote one session to what is known as the "Omnibus Meeting," where, in an informal and volunteer way, individual experiences are offered in large numbers and rapidly discussed. This is essentially free-lance, social, and instructive.

I place before you certain documents relating to the Bill (H. R. 48) providing for the erection of a building to contain the records of the library and museum of the Medical Department, U. S. Army, introduced December 10, 1883, and referred to the Committee on Public Buildings and Grounds, and I advise the formation of a committee to memorialize Congress on behalf of that measure.

I call your attention to the subject of hospital-trained nurses, and advise a convention of representatives of the several schools to effect uniformity of curriculum, adequacy of instruction, and the assured qualifications at graduation.

I beg to suggest that this Society can, with great propriety, further the interests of the *Index Medicus*, by an appropriation of money to secure the continuance of that important publication.

The subject of medical education has commanded the attention of this Society. Certainly no more important matter can occupy its deliberations, and yet this Society has no authority over the medical colleges. The preliminary education of medical students has been under discussion in this Society and elsewhere, and the matter of a better preliminary education has been advised and endorsed by this Society, but nothing has been accomplished. In the opinion of the speaker the whole discussion is fruitless, and must be so, under the existing management of medical education.

The authority to license granted to the incorporated societies and the degrees conferred by colleges have had the common sequence of right to practise—latterly, after compliance with certain formalities. The power of conferring a degree and the license to practise are, certainly, different things, and it is proposed to enunciate and legalize this difference. The object of obtaining the degree is to give the right to practise, and the preliminary acquisition of the degree is to be the acquisition of an empty honor till it has been endowed by the State, after compliance with certain conditions, which are, practically, a repetition of the conditions in accordance with which the degree was given. This after-criticism of the colleges, the extra machinery, and the increased expense are offered as safeguards to the community.

Granting the ideal wisdom of the scheme, there are many vested rights that must be consulted, many conflicting interests to be harmonized, and a gathering-in of advice from the large experience of medical men throughout the State, before this Society even would be competent to give voice to any resolution looking to the enforcement of so radical and far-reaching legislation. As in all other matters, so in this, this Society can act wisely only as it reflects in its actions the sentiments of the various bodies it represents; and it is competent for this Society to initiate action that shall discover the conclusion in this matter at which the medical practitioners in the State have arrived. These criticisms are made in full knowledge of the fact that the Erie County Medcal Society has given large consideration to the production of a bill looking to a radical change in the licensing authorities. The Erie County Medical Society consulted with the Committee on Legislation of this Society and had its hearty approval of the measure; and, later, this committee assumed its responsibility. In a sense, therefore, this bill has the endorsement of this Society, and the Society will listen with curiosity and interest to the explanation its committee may give as to the expected workings of this measure; still, as it is so much easier to avoid hasty legislation than to secure its repeal, the Society is entitled to exhaustive information before giving its approval to this or any other measure.

Another bill, of similar intent, but varying in detail, is before the Legislature. They both, however, have

the common provision of a mixed board of examiners appointed by the State. I have no information whether the two chartered bodies of special practice have been consulted in the preparation of these bills, or whether it is proposed to legislate them into competency of representation in this licensing board, leaving them free to accept the representation or not, as they may elect. Personally I have no faith in any ultimate good to result from this kind of legislation, beyond additional police regulation of compliance with form. I see ground for opposition to it, in the way of preventing possible unlimited political combination and chicane. It is well to recollect the conceded fact that, in skilled and accomplished teachers, and in completeness of equipment in all the multiform appliances for medical instruction, this country furnishes opportunities surpassed by none. The deficiency is not here. That legislation will be consummate which shall formulate the wise experience of the best into a curriculum, the fulfilment of whose probation shall be an adequate assurance that the requisite time and opportunity have been given for the novitiate to have become the student, and the student to have acquired the scholarly habits competent for the mastery of his profession. It is at the end of the line that the real reformation is to begin. Within this Society rests the experience competent to prepare that curriculum. Holding, as I do, the supremacy of this Society as the natural guardian of medical interests in the State, I would legislate this Society into closer relations with the medical colleges, rather than subject the colleges to the unstable condition of political appointees.

Three separate proposals affecting the question of the Code were made at the last meeting, to be called up at the present session—one by Dr. Didama, of Syracuse, another by Dr. Roosa, of New York, and a third by Dr. Howe, of Buffalo. These proposals present three distinct phases of the question, and will be at the disposition of the Society.

The practice of medicine is so beset by parties and factions, that the dissension and sorrow that have occurred in our own ranks are greatly to be deplored. That men, who have commanded respect not only in their own communities, but for years in this body, should feel bitterly, over the action taken by it, is a matter of profound regret. It would appear that the question of the Codes has gone beyond the discussion of the principles involved in the main issue, and has advanced to the stage when this Society is simply to decide whether it proposes to adhere to its policy of the past two years, or reverse it. The sentiment of the profession in the State on the main issue is better known to-day than at any period since the original action, two years ago. The results of a canvass of the physicians in affiliation with this body have been published, and, if not authoritative, they are so detailed as to admit of immediate contradiction, if incorrect. By the exhibit it appears that of the five thousand physicians canvassed, a majority are opposed to the present policy of the Society, while a minority of about one-fifth openly favor that policy. As the action of this Society is binding on the County Societies, and the aggrieved members of the County Societies must find their redress through *this* Society, if at all, the issues seem very clearly defined, provided the accuracy of these figures can be supported. They who hold the autonomy of this Society, its independence of professional sentiment, and the moral right to legislate in opposition to the major professional sentiment, can properly sustain its present policy; while they who hold that this Society is essentially a representative body, under moral obligation to legislate in accord with the major professional sentiment, are logically bound to oppose the present policy of this Society. I hold that opinion on these issues is one strictly of justice, and entirely apart from prejudice in favor of either of the Codes. On an issue which profoundly affects professional tradition and personal conviction of right and duty, this Society has adopted and confirmed a policy. On the wisdom of that policy the Society itself is very evenly balanced. The action of the Society forced each of its constituents into an attitude, hostile to his past relations with his professional brethren and the community, on a question where principle was involved. No effort was taken, at the time, to ascertain the major professional sentiment, and the Society has taken no measures since to discover opinion on its policy. The majority of the constituents of this Society are in sympathy with its policy, or they are opposed to it. If the majority of the profession in the State are in accord with the action of the Society, no injustice has been done. If the majority are opposed to its action, the Society should decide whether justice and fair-dealing require it to reverse its action to conform to the convictions of that majority.

Conscious that in this prolonged discussion, I have laid myself open to the criticism of undue (and therefore needless) intrusion of personal opinion, I still have the absorbing desire and the strong hope that your deliberations may be so temperate and well informed, as to lead to the settlement of policy so wise, that opposing sentiment may suffer the least possible shock, and the forces that underlie all professional activity be girded with renewed vigor in their efforts to support the dignity and usefulness of the profession.

The President then appointed the following

COMMITTEES.

Business Committee.—Drs. J. W. Moore, of Albany Co.; A. M. Phelps, of Franklin Co.; and J. H. Hunt, of Kings Co.

Committee on Credentials.—Drs. I. N. Goff, of Madison Co.; James Chapman, of Orleans Co.; P. R. H. Sawyer, of Westchester Co.

After a recess of ten minutes,

COMMUNICATIONS FROM COUNTY MEDICAL SOCIETIES

were called for.

The Medical Society of the County of Albany, presented the following: At a regular meeting of the Medical Society of the County of Albany, held on February 1, 1884, the following recommendation of the Committee on Legislation was adopted: "Although containing defects the Bill presented by the Committee on Legislation of the Medical Society of the State of New York seems, if properly enforced, to be able to accomplish the purpose designed; we therefore recommend that the Medical Society of the County of Albany lend its influence to the endeavor which is being made to make the provisions of this Bill the law of the State."

On motion, the subject of this communication was

made the special order of business for Wednesday morning.

The Medical Society of the County of New York presented certain suggestions with reference to the by-laws, which were referred to the Committee on Business.

THE CODE OF ETHICS.

The Ontario County Medical Society presented the following resolution, which it had passed:

Whereas, Our State Society by a majority vote confirmed the amendment to the Code of Medical Ethics, adopted the year before, called the New Code; and,

Whereas, The New Code, so adopted, is antagonistic to the National Code of Ethics; and,

Whereas, The American Medical Association refuses to affiliate with, or to admit delegates or members from, any society or association which does not adopt or endorse the National Code of Ethics, therefore

Resolved, That this Society places upon its records the reiteration of its adherence to the Code of National Ethics, as adopted by the American Medical Association.

Resolved, That it is the earnest request of a large majority of the members of this Society, that our delegates to the State Society use every endeavor and all honorable means to so modify or alter the New Code of Ethics that it may be in harmony with the National Code of Ethics.

Resolved, That our Society be requested to transmit a copy of these resolutions, together with the number of votes, both yea and nay, to the Secretary of the State Medical Society, which were carried by a vote of seventeen yeas to four nays.

The Medical Society of the County of Washington presented the following resolutions, which it had adopted:

Resolved, That it is the sentiment of this Society that it is the bounden duty of the Medical Society of the State of New York to so modify its present Code of Ethics as to be entitled (as formerly) to representation in the American Medical Association, and thus, by its delegates and representatives in that honorable body, have the right of protest and of effort to secure immediate reform in a legitimate manner.

Resolved, That it is the sentiment and earnest request of this Society that the American Medical Association, without unnecessary delay, do modify, change, and adapt its Code or System of Medical Ethics, so as to meet the wants and demands of the medical profession of the present day and generation.

Resolved, That our Society be requested to forward a copy of the foregoing resolutions to the Secretary of the State Society and of the American Medical Association.

DR. A. JACOBI, of New York, offered a resolution calling the attention of Congress to the importance of the speedy passage of the bill providing for the erection of a

FIRE-PROOF BUILDING FOR THE MEDICAL DEPARTMENT OF THE ARMY.

The resolution was adopted, and it was ordered that it should be sent to the proper committee, attested by the seal of the Society and the signatures of the President and Secretary.

DR. J. P. CREVELING, of Auburn, reported a case of

DOUBLE HARELIP.

A young girl, æt. 11, was born with double harelip. The entire intermaxillary bone was adherent to the septum of the nose, and protruded some distance in advance of that organ, and rendered nursing very difficult. In order to diminish this difficulty, the projection, which was covered with mucous membrane, was removed, except a small part at the distal extremity. The case was then lost sight of until November, 1883, when she was admitted to the City Hospital for operation. The fissure began at the ala nasi on either side, and extended backward and downward to the angle of the mouth. Both intermaxillaries were gone. The operation consisted in free dissection of the cheeks, from the bony surfaces throughout their whole extent. The alæ of the nose were also divided. The incision on the right side began at the ala of the nose, and extended to the angle of the mouth, through two-thirds or more of the lip; on the left side a corresponding incision was made, except that the whole thickness of the lip was cut through. These flaps were transfixed at their central part, and a large pin was passed near the bottom of the first incision. The right and left flaps were then brought into apposition and firmly held by a pin. Another pin was introduced at the mucous margin of the lip, and two small pins at intermediate points, and the whole was secured by proper bandage. The advantages claimed for this operation are that the extent of adherent surface is one-third greater than that obtained by the more central incision of the lip, and that it also prevents the secretions of the mouth from finding their way between the edges of the wound. In the case reported union was perfect.

DR. W. C. WEY, of Elmira, moved that a committee of three be appointed, to which the President's Address be referred.

DR. WEY then reported *Two Unusual Cases in Obstetrical Practice*.

DR. DAVID LITTLE, of Rochester, then read a paper on

SUMMER COMPLAINTS IN CHILDREN.

After referring to the subject of diet, he related his experience in the Rochester Orphan Asylum, where, up to 1882, there had always been a number of cases of this disease each summer. At this time he instructed the nurse to feed the children every three hours, and to give them as much water as they would take. The summer passed without a single case of diarrhœa. In the summer of 1883, the same plan was adopted, with the same result. Only two cases of diarrhœa occurred, and they were in children of tuberculous parents, who had exhibited scrofulous manifestations.

DR. WOOLLEY, of New York, thought that, in considering the efficacy of any special plan of treatment, it was necessary to remember the effect of epidemic influence, which, since 1882, had not been very marked.

DR. W. S. ELY, of Rochester, thought that more was to be gained from the regulation of diet than from medicines. A few weeks ago he had seen a case in which this point was clearly illustrated. The child was five weeks old, and had from eight to ten stools per diem; on inquiry he learned that the child took about four

pounds of food per day, and that it had taken large quantities of medicine. On this diet it was losing about one-quarter of a pound per week. Recovery followed suspension of all remedies, regulation of diet, and the free use of water and warm baths.

THE COMMITTEE ON PRIZE ESSAYS

reported that there had been two essays submitted: (1) on *Tuberculosis of the Breast*, by Dr. Ghislani Durant, of New York, for which the Cash Prize was awarded; (2) on *Consumption*, which was thought worthy of publication.

DR. A. G. GERSTER, of New York, then read a paper on

CANALIZATION AS APPLIED TO AMPUTATION OF THE FEMALE BREAST TO INSURE PRIMARY UNION UNDER ONE DRESSING.

Canalization was first introduced by Neuber, of Kiel. It is a process by which good drainage is afforded to a wound without the use of drainage-tubes. There are two kinds, shallow and deep canalization.

The first is employed for draining extensive subcutaneous cavities, situated beneath large skin flaps. It is accomplished by the aid of a punch, devised by Neuber, similar to the common leather punch, the hole which it makes being elliptical. Any subcutaneous fat which protrudes through the opening made by the punch is to be removed with scissors. As many holes as will suffice to carry away the secretion are made through the dependent portion of the wound. If the wound is extensive, it is well to scatter a number of holes over the entire flap covering the wound. Deep canalization is used to afford drainage to secretive accumulations in the recesses of deep wounds. Here intermuscular planes are opened up, and the dangers of retention and suppuration are more grave than in the case of shallow wounds. These cases will often require the use of a drainage-tube.

The invention of absorbable drainage-tubes by Neuber, is an important step forward. These tubes are made of ox bone, and when decalcined and disinfected, behave in a wound exactly like catgut. Even this is a necessary evil, and Neuber advises a procedure which will do away with the necessity for drainage-tubes. He advises that the skin on both sides of a deep wound be detached so as to make it movable, then turn it into the bottom of the cavity and fasten with catgut sutures. In this way the greatest portion of the cavity becomes lined with skin, and it can heal by adhesion, and the funnel of cutis serving at the same time as an unobstructible channel for draining the bottom of the cavity. This is *deep canalization*.

The author then referred to the result obtained by Esmarch in the use of absorbable drainage-tubes in amputation of the female breast. Over forty cases were treated in this way, healing throughout by first intention.

In this operation, it is important to remove the axillary glands, which causes a large cavity, where, if suppuration be not avoided, a large amount of cicatricial tissue will be produced, which, from its close relation to the vein and brachial plexus, is apt to cause œdema and pains radiating down the arm. In order to avoid this disadvantage, and to do away with the necessity for use of absorbable drainage-tubes, which are difficult to procure, it was thought proper to try Neuber's idea of deep canalization, as adapted to the axillary cavity.

The following case, illustrating this method of treatment, was reported:

Miss C. H., somewhat anæmic. One year before, she had noticed an irregular nodosity in the left breast. Amputation of the breast and evacuation of the contents of the axillary cavity were performed November 30, 1883. Solution of corrosive sublimate (1 to 1000) was used for irrigation, and four holes were punched into the skin of both sides of the wound. The anterior portion of the wound was united with two continuous catgut sutures. The edges of the axillary portion of the wound were dissected up for about an inch on both sides; then the anterior skin-flap was transfixed with a stout catgut suture, and being turned well into the apex of the armpit, was sewed to the posterior aspect of the pectoralis minor muscle. The posterior flap was sutured to the latissimus dorsi. In this way the axillary cavity is transformed into a cone, lined with skin, at the apex of which, a small portion of the deepest part of the axilla remains uncovered. After this, a strip of gauze, dusted with iodoform, was laid on the line of sutures, and a large pad of sublimated gauze was snugly bandaged on to the shoulder and thorax.

On the eighth day patient left the bed. Two weeks after operation the first dressing was removed, and the entire wound was found healed by first intention in the literal sense of the term.

On microscopical examination. the tumor was found to be an adeno-sarcoma, containing a large number of miliary cysts.

Two more cases were reported, in which the same results were obtained by this plan of treatment.

The paper closed by saying:

The limited experience gathered in the foregoing cases seems to justify the assumption that, when Neuber's bone drainage-tubes cannot be procured, primary union of the entire wound in a normal amputation of the female breast can, by the employment of deep canalization, nevertheless be attempted and accomplished under one dressing.

DR. OREN D. POMEROY, of New York, then read a paper on

MALFORMATIONS OF THE AURICLE,

relating a case on which he had operated. The latter was as follows: E. F. W., Jr., æt. 16, had a malformation of the left auricle which was congenital. The meatus with the auricle was placed nearly three-fourths of an inch lower than its fellow. The upper portion of the auricle was attached to the cheek, in front of the meatus, somewhat covering the latter, and interfering with perfect audition.

The peculiar, doubled-up appearance of the ear gave it the characteristics of what is known as cat's ear, and was very unsightly. No hereditary cause for the trouble could be found. Two operations had previously been performed by a surgeon of Boston, Mass., which had rendered the deformity worse rather than better. One or two very small portions of rudimentary auricle had been removed, however, at that time, which improved the patient's appearance. The side of the face, the fauces, the chest, and, indeed, most of the left side of

the body, showed signs of arrested development. A mitral regurgitant murmur was present, and the patient was not very strongly developed. Ether was administered in the operation, although a full effect was avoided on account of the weakly condition of the patient, including the heart trouble. The auricle, at its faulty attachment, was divided on a level with the surface of the face, far enough back to allow it to be drawn up into a normal position. An incision above, and somewhat in front, of the mastoid region, was made through the skin; this being somewhat undermined, permitted a sufficiently uncovered surface to appear, to which the auricle was attached by sutures, of which twenty were used. Most of these were inserted into skin, but about three or four were needed to transfix cartilage. The wound made by dividing the auricle was closed by undermining the skin and using sutures. The healing was prompt and satisfactory. The sutures inserted into the cartilage caused some irritation, while those in the skin caused none. Dr. Pomeroy quoted cases where sutures were passed into the cartilage of the auricle, without causing undue irritation, and a case where a severe wound of the cartilage of the meatus and auricle healed promptly. He quoted most of the cases of malformed auricle found in literature, with a detailed description of the mode in which this arrest of development was brought about.

DR. MATTISON, of Brooklyn, said that, in a child ten years of age coming under his observation, and presenting a deformity similar to the one described, the auricle was separated from its attachments, its posterior surface and the skin covering the mastoid process were freshened, and perfect union ensued.

DR. JACOBI, of New York, asked what was the experience of specialists in regard to the occurrence of this anomaly; whether it was usually accompanied by anomalies in other parts of the body?

DR. POMEROY stated that he had found, in at least half the cases, that the arrest of development involved no other organ but the ear, and that the arrest of development in other parts seems to bear no relation to the arrest of development of the ear.

DR. GEORGE B. FOWLER, of New York, then read a paper entitled

POISONING BY POTASSIUM CHLORATE.

A brief history of the drug was given, and reference made to its early popularity, which was based upon its oxygenating powers; this property being due to the fact that potassium chlorate ($KClO_3$), under favorable circumstances, readily gives up all its oxygen.

About the end of the eighteenth century this salt enjoyed a very limited popularity, but during its previous fashionable period, Dr. Ferria, of England, had recorded its success in the sore gums of scurvy, and today its use is practically limited to diseases of the mucous membranes.

The accounts given of the effects of both large and small doses are conflicting, and the general opinion seems to prevail that chlorate of potassium is one of the most harmless of substances. The object of this paper is to prove and emphasize the contrary, and to show the real cause of death as proved by experiments on animals.

From time to time cases are reported where, on account of the unscientific manner in which the medicine is prescribed, death has resulted from its careless employment. Dr. Jacobi, in 1860, warned us against its lavish use, and recounted the feelings he himself experienced after taking ʒiv and ʒvi doses, they being "a sensation of heaviness and dragging in the lumbar region, and increase of the renal secretion."

In the 1868 edition of Stillé's *Materia Medica*, the author says, "There are only two examples of injury produced by chlorate of potash. The one occurred in a case of phthisis, for which a physician prescribed three hundred grains of the salt, to be taken daily, in solution. This unfortunate victim of professional ignorance took this dose on four consecutive days, when the pains in his bowels became very severe, incessant vomiting came on, and finally death ensued. The stomach was inflamed on its external surface, while its mucous coat was entirely disorganized and softened."

Dr. Fowler then referred to the well-known case of Dr. Fountain, of Davenport, Iowa, who, with experimental intent, took an ounce of potassium chlorate in a goblet of warm water; vomiting and diarrhœa ensued during the day. On the following day there were very alarming symptoms of collapse, and intense pain. Two ounces of black urine were voided, after which there was no renal secretion at all. He finally died one week after taking the dose, his sufferings having continued without intermission.

Larger doses have been taken without fatal results, and the variation in the quantity which has caused either death or alarming symptoms is very great, and rather peculiar. The possibility of an injurious effect appears to depend upon idiosyncrasy, condition of the stomach as regards contents, and whether the salt is in perfect solution. If it is not in solution, gastric symptoms arise.

About thirty cases are now on record where the cause of death has been attributed to an overdose of potassium chlorate, and the author holds, with Dr. Jacobi, that in many instances where the fatal termination of a case has been assigned to nephritis as a complication of the primary disease (diphtheria), that the rea cause of death was chlorate of potash.

In December, 1882, Dr. Fowler received a specimen of urine from a physician, accompanied by the information that it had been voided by a girl of fourteen, whose mother, having misconstrued the directions, had allowed the child to take ʒj and ʒij (six hundred grains) during one day. The patient became unconscious and cyanotic in the evening of the same day, and died two days afterwards, having remained blue and there being almost total suppression of urine. The specimen of urine was very interesting. Its specific gravity was 1055; it was of a very dark, bloody color, and was opaque. The microscope showed blood-corpuscles, crenated and dark brown. They were gathered in little masses throughout the field, and appeared agglutinated. It was evident that we had here urine mixed with a decomposition product of hæmoglobin, and placed before the spectroscope the characteristic spectrum of methæmoglobin was seen. Methæmoglobin is a substance found in old extravasations, hydrocele, and ovarian fluids, and can be prepared by the addition of dilute acids to blood coloring-matter. Spectroscopically, it is distinguished by an absorption band in the orange at C, the two characteristic bands of oxyhæmoglobin also persisting. Here

was a point. The blood color, the oxygen-carrier, had been destroyed. Was it effected by the potassium chlorate, or by mixture with the acid urine? Proceeding to experiment, it was found that warm, normally acid urine did not produce this decomposition; nor did even an excess of potassium chlorate in the cold; but, on warming the solution, the whole turned black, and under the microscope and before the spectroscope I found the same conditions as in the urine from the girl.

Methæmoglobin is incapable of supporting life, it cannot take up and deliver oxygen, hence the cyanosis observed in all these cases, and hence death ensues from asphyxia.

A saturated warm solution (about two ounces) was next injected into the stomach of a rabbit. After two hours the animal died in convulsions, and on opening the body, to the writer's surprise, he found the stomach perforated and generally softened. Blood normal.

In another experiment, two ounces of a cold saturated solution were injected into the stomach of a rabbit. After one hour death, with convulsions, ensued. The blood coloring-matter was not decomposed, but the corpuscles were markedly shrivelled and distorted, and the mucous membrane of the stomach and intestines was softened and inflamed. The kidneys were congested, and contained hemorrhagic spots. Seemingly, on account of the rapidity of its action on the stomach and kidneys, the blood color had not yet been seriously affected. Dr. Fowler concludes that potassium chlorate may kill, either by its local corrosive action on the alimentary canal, by its destructive effect upon the coloring matter of the blood, or by its inflammatory effect upon the kidneys.

DR. CASTLE, of New York, said: There is one phase of this subject to which I shall refer; that is, the local poisonous effect of chlorate of potassium. It has been stated in a foreign journal that the chlorate of potassium was introduced into medical use through a mistake in nomenclature, and that chloride of potassium is the drug to be used. I see no reason why the chloride of potassium should be any more efficacious than the chloride of sodium. A solution of salt in hot water, used in large quantities, is of service in local inflammation of the mucous membrane of the throat. In my hands, the use of chlorate of potassium usually makes a sore throat worse.

DR. LEWIS thought the reason that poisonous effects from the use of chlorate of potassium were so frequently reported was because the drug was handled so carelessly, and that if other remedies were used with the same want of care, they would be far more deadly than they now are.

AFTERNOON SESSION.

The first paper was read by DR. EDWARD H. PARKER, of Poughkeepsie, and was on *The Establishment of Hospitals in Small Cities*. He described the history of the St. Barnabas Hospital at Poughkeepsie through its thirteen years of growth.

DR. E. VAN DE WARKER, of Syracuse, then read a paper on

A NEW METHOD OF PARTIAL EXTIRPATION OF THE UTERUS.

He opened with the argument that in the operation for total extirpation of the uterus through the vagina the knife had reached its limits of usefulness, and if it could afford no better ultimate results than total mammary extirpation by the knife for carcinoma, its large direct fatality would stand in the way of the general usefulness of the operation. Uterine carcinoma called for more extensive and thorough removal than any operation yet practised, except total extirpation. We were therefore obliged to resort to some other agent. Dr. Sims had taught us how to apply a chemical caustic on dossils of absorbent cotton, wrung dry of all superfluous fluid, thus making the use of these agents as manageable for the uterus as a caustic paste was for the cancerous breast. Having the means, then, why not slough out the cancerous uterus as completely as though it were the breast? This, the author believes, he has accomplished.

The operation consists, first, of removal of the uterine cervix to the vaginal junction by the knife or scissors, and then excising the substance of the cervix as high as the internal os, in many cases relying on the curette, packing the cavity so made with cotton saturated with a twenty-five per cent. solution of subsulphate of iron, to guard against hemorrhage and harden and prepare the part for the chemical caustic. The astringent dressing is removed on the second day, and the excavation packed with dossils of cotton wrung out of a one hundred per cent. solution of chloride of zinc. A slough, varying from three-eighths to one-half inch in thickness, is the result, which is not removed by any force, but allowed to be cast off spontaneously. During this stage, hemorrhage is liable to occur, which is easily checked. The caustic has a sort of selective power, the debased carcinomatous tissue not being able to resist its action, while normal tissue, by throwing out a line of hyperplastic tissue, resists the destructive action. The line of demarcation is as fine as though cut by a knife.

In the cases cited, judging by the amount of tissue removed at the preliminary operation, and the quantity and shape of the slough cast off, there was no doubt that the entire uterus had been shelled out of its peritoneal envelope. Nothing could exceed the amount of uterus removed, except the operation of total extirpation. By means of microscopic sections, the destructive process of the chloride solution was demonstrated. It destroyed tissue by solidifying the fibres and coagulating the fluids, by combining with the water present in all tissue. Parts of low vitality are thus devitalized, but not disintegrated. Sections of sloughs, stained by logwood and mounted in Canada balsam, show the ultimate structure perfect in all its histological relations, as though it was prepared by solutions of chromic acid and spirit, for histological work. Cases were cited demonstrating the method.

DR. E. CURTIS, of New York, presented the

REPORT OF THE COMMITTEE ON EXPERIMENTAL MEDICINE,

stating that no bill had yet been introduced into the Legislature, and offering a resolution recognizing the importance of experiments on animals. Adopted.

DR. L. E. FELTON, of Potsdam, read a paper on the

VALUE OF ELECTRICITY IN DIAGNOSIS.

From an experience of ten years he was convinced of the value of electricity in the diagnosis of disease where

motor paralysis was a symptom. In these examinations it is necessary to be well acquainted with the normal response of the muscles. Different muscles react differently to the current, in regard to the strength of the current and the character of the contraction. The positive pole should be placed at some point where it cannot directly influence the muscle or the nerve. The negative pole is placed over the muscle or where the nerve enters the muscle. At this point the strength of current required to produce contraction is much less than at any other point. To find this point the electrode is moved down the muscle until it reaches a point where contraction is produced more easily than at other points. The negative electrode should be small, while the positive electrode should be large. The coverings of the electrodes should be thin. Sponges are not to be recommended. The pressure should always be the same. The thickness of the skin makes considerable difference as to the effect upon the muscles, a thick skin offering a much greater resistance than a thin skin. Cold extremities present a greater resistance than warm extremities: but when the circulation is restored they respond normally. Stimulating applications to the skin diminish the resistance. Anything that produces hyperæmia will give the same result. An eruption or a pimple will have the same effect. Unless the physician is cognizant of these variations, errors will be liable to occur. He then described a delicate galvanometer, which he had devised to determine the strength of the current employed. From his experience, he had come to the conclusion that functional diseases do not usually diminish the reaction of the muscle. Where this occurs, organic disease should be suspected. On the other hand, in some cases of organic disease, the reaction is often normal, and sometimes exaggerated. Where faradic reaction is greatly diminished, the galvanic reaction may be marked.

THE PRESIDENT announced the following as

THE COMMITTEE ON NOMINATIONS.

From the Society at Large.—E. H. Parker, M.D., of Poughkeepsie.
First Senatorial District.—Laurence Johnson, M.D.
Second Senatorial District.—George C. Smith, M.D.
Third Senatorial District.—F. C. Curtis, M.D.
Fourth Senatorial District.—L. E. Felton, M.D.
Fifth Senatorial District.—H. G. Du Bois, M.D.
Sixth Senatorial District.—W. W. Crandall, M.D.
Seventh Senatorial District.—Darwin Calvin, M.D.
Eighth Senatorial District.—John O. Roe, M.D.

THE MEDICAL FACULTY OF THE UNIVERSITY OF NEW YORK.

DR. W. C. WEY, of Elmira, offered the following:

Resolved, That a bill to establish the Medical Faculty of the University of New York be, and hereby is referred to the Committee on Legislation, with instructions to report to the Society to-morrow morning, when the order for the report of said Committee is reached.

DR. A. JACOBI, of New York, then read a paper entitled

CONGENITAL LIPOMA.

These tumors, unlike lipoma occurring in the adult, are usually devoid of a capsule; they are therefore more diffused. Some are uncomplicated with, others are complicated with, vascular tumors; others with dermoid tumors, fibroma, formations of bone or cartilage, and in one case presented, the lipoma was complicated with spina bifida. The locality varies, many are found on the extremities. The hands, and still more the feet, furnish the largest number. Several cases of the affection were then reported.

THE REGULATION OF THE PRACTICE OF MEDICINE.

DR. POWERS, of Ontario, Canada, was introduced and made some remarks in regard to an Act regulating the practice of medicine, recently passed in Ontario. The Act requires an examination previous to matriculation; four years of study at a medical college, and the examination by a board independent of all teaching bodies. No degree from any part of the world will license a person to practise in Ontario.

DR. T. R. POOLEY, of New York, reported

TWO CASES OF ORBITAL CELLULITIS.

The first one was in a child of ten years, in whom the inflammation appeared without any apparent cause. Under proper treatment, the child recovered in ten days. The second case was in a young man, the subject of syphilis, who was at the time suffering from some secondary symptoms, and had stricture of the urethra. This case was so severe that the propriety of making incisions into the orbit was considered; but the use of warm applications proved so efficacious that this did not become necessary.

The inflammation appears with a chill, and sometimes vomiting, and there may be delirium and convulsions. The onset is marked by protrusion of the eyeballs, which usually occurs suddenly. This may be moderate or excessive. It is usually directly forwards. Diplopia may occur at any stage from interference with the muscles. Swelling of the eyelids is one of the earliest symptoms, the upper lid being usually most swollen. If the orbital inflammation result from disease of the antrum or dental caries, the lower lid may be the one involved. Chemosis and swelling of the conjunctiva is an early symptom. Mydriasis is very constantly present, although myosis sometimes occurs. There is sometimes sloughing of the cornea. The most important effect, however, is that produced on vision. It may cause amblyopia or amaurosis. It has been said that this is due to atrophy of the optic nerve, which has been preceded by atrophy.

Dr. Pooley then related a case which had come under the observation of Dr. Knapp, and presented illustrations of the ophthalmoscopic appearances of the fundus. It was suggested that the loss of vision might be due to thrombosis of the veins or central or retinal artery.

The treatment of orbital cellulitis should consist in the use of warm applications. As soon as the swelling and exophthalmos subside, the cure will be assisted by the application of a pressure bandage. When suppuration appears, the pus should be evacuated at the most dependent point, provided softening is not detected at some other point. The opening is perhaps best made through the lid, and should be made in the line of the fibres of the orbicularis muscle. It may be made through the conjunctiva.

DR. L. JOHNSON, of New York, presented

A PLEA FOR THE PHARMACOPŒIA,

in which he denounced the use of preparations made according to formulæ peculiar to certain manufacturers, and recommended that instead of prescribing such preparations, the profession should adhere to the preparations provided by the pharmacopœia, except in those instances in which these proved inadequate.

DR. JACOBI agreed with the author of the paper and thought that the article would have been more complete if he had also referred to the advertisements of these preparations which fill the medical journals. It might be said that if these advertisements were excluded the journals could not exist. In many cases this would result in the abolition of two nuisances.

DR. MITTENDORF, of New York, thought the evil a growing one. The Board of Pharmacy of the State of New York are preparing a list of formulæ so that the physician will be able to prescribe remedies in an elegant and pleasant form without having recourse to these objectionable preparations.

DR. CASTLE said that he had always discouraged the adoption of any set of formulæ not officinal. The preparation of these formulæ is more in the interest of the pharmacist than in that of the physician. Its object is to do away with the necessity of keeping the same preparation, put up by half a dozen different firms and have one preparation only.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS,

then reported, and presented the following resolutions embodying some of the suggestions made by the President.

Resolved, That hereafter the President shall appoint the Business Committee in advance of the annual meeting, and at as early a date as possible for the purpose of securing scientific papers for the next annual meeting; that the President be made a member of this Committee ex-officio; and that the Business Committee suggest questions to be discussed, and that one hour be set aside for an omnibus meeting in which individual experiences may be related, and queries propounded.

Resolved, That in the case of a vacancy occurring in any committee, the President be authorized to fill such vacancy.

The resolutions were accepted and referred to the Committee on By-laws.

COMMITTEE ON NECROLOGY.

DR. J. G. FISHER, of Sing Sing, presented a resolution as follows:

Resolved, That the Committee on Nominations of this Society annually nominate a Committee on Necrology, consisting of three members, who shall prepare suitable biographical notices of such members as become deceased during the year, and these notices shall be published in the *Transactions* without further reference. Referred to the Committee on By-laws.

DR. ALBERT VANDERVEER, in his paper on

OPERATION FOR CLOSURE OF THE HARD AND SOFT PALATE, WITH RESULTS,

said: It is my intention to follow this brief paper with a series of questions addressed to such surgeons as are interested in congenital deformities of the mouth; with a view of ascertaining, if possible, what percentage of cases are really benefited by the various operations, as well as the success attending mechanical contrivances. The subject of cleft of the hard and soft palate, is one that is not so settled in the minds of surgeons as to exclude further elucidation; and while it is hardly safe for one to advance much that is new, I am convinced that more careful examinations and reports of our cases one or two years after the operation are needed.

It will ever remain a source of regret to the profession that such successful operators as Warren and Fergusson—the latter having operated in over three hundred cases—did not leave a more correct record as to the results. In a clinical lecture, published in the *American Clinical Lectures*, I have presented the different steps and manner in which I prefer to operate; the method being strictly that of Sir William Fergusson's, whom I have seen operate a number of times. I consider the operation for the closing of a complete cleft a different one, and there is more or less danger attending it from hemorrhage and the great and rapid secretion of mucus, which is liable to fill the bronchi, and suffocation ensue. Still, I have never been obliged to discontinue an operation by reason of the former, and have been only once deterred by the latter. In the second attempt I put the patient upon belladonna, with excellent effect.

In alluding to anæsthetics, he said: This is one of the few operations in which, when done in childhood, I regard chloroform as safe. I never use it in any other operation, and not in this after ten years of age. Regarding the age for successful operations, I believe that, if we could obtain honest statistics, we should find that the best time for operating is immediately after the first dentition—say, when the child is about two years old; and I am also of the opinion that if no attempt is made to have the child talk, there would be less danger of acquiring that nasal twang which is so difficult for an older person to overcome.

In double harelip, the treatment of the island, or intermaxillary bone, has been dwelt upon by various writers. He said: I am convinced that, of the different complications, it is in this one that experience is of the greatest value, and that every case presents one or more peculiar features; and that the same condition is not to be seen again in a number of cases; to save this island when possible is, I think, good surgery.

As to the manner of closing the single harelip, there need be little difference in opinion. The law is flexible that to obtain good results the vermilion border must be always on a line (projecting a little, if possible); if not, apparent notching occurs.

In conclusion, he stated that we ought to be careful not to promise too much; and yet, encouragement should be given when there is hope. He reported several cases in which the results were exceedingly gratifying, the restoration of speech being perfect; others, in which marked improvement occurred, with very few cases of actual failure.

DR. G. R. FOWLER, of Brooklyn, thought it a serious question when a patient of this kind presents himself, whether or not anything should be done. His experience is limited to three cases of operation on the hard and soft palate. He had not perceived the slightest advantage from the procedure. In one case he after-

wards perforated the palate for the introduction of an obturator. This was an adult. It was worn with benefit. As is well known, it is necessary to fasten the apparatus to the teeth, and from this resection of the gums frequently occurs. I wish to confirm what Dr. Vanderveer says, that unless the patient can be operated on early in life, but little benefit can be derived from the operation.

DR. HUTCHINSON, of Utica, reported a case of double harelip, and described a procedure which he had adopted for keeping the edges of the wound together, by means of a silver wire secured by means of a large shot on the inside of the mouth, thus avoiding the risk of producing a scar from the cutting of a stitch fastened externally.

DR. GERSTER, of New York, drew attention to one point not mentioned in the paper. In regard to deciding whether an operation was justifiable, he did not think that the improvement of speech was the only point to be considered. The wearing of an obturator requires a great deal of attention in regard to cleanliness. One source of annoyance in this condition is the passage of food through the opening into the nose, and its escape through the nostril. The operation, of course, removes this difficulty. In his experience of eleven cases, three were congenital. One of these was successful. This was a case of double, complete fistula. This patient was benefited to a certain extent, as regards speech. The other cases were not benefited to any great degree.

DR. POWELL said that in 1879 he operated on a young girl. Six months later he instituted a course of voice-training, and the voice has since improved very greatly.

DR. CREVELING, of Auburn, thought that if the cheeks were dissected very freely there would be no difficulty in bringing the edges together.

DR. WARD said that he had now operated or been an assistant in fifteen or sixteen operations involving the hard palate. In adults the voice was not much improved. If only the difficulty in regard to the escape of food and liquids through the nose were overcome, the operation would be a justifiable one.

DR. VANDERVEER said that in regard to the traumatic and acquired form of the disease, the paper had no bearing on this point. In syphilitic cases, although the patients have been selected with great care, and were in good condition, the majority turned out unsuccessfully.

DR. GERSTER asked if Dr. Vanderveer had made use of periosteal flaps in the operations on syphilitic cases? Dr. Vanderveer replied that he had.

DR. WEBSTER, of New York, then read a paper on

SYMPATHETIC SEROUS IRITIS.

DR. MITTENDORF, of New York, protested against some of the teachings presented by Dr. Webster. He would never consent to wait another day if the eye were blind. Dr. Webster reports his case as a curiosity, and it is a curiosity for sympathetic iritis to recover. A delay of twenty-four hours will often lead to the loss of an eye. The slight inconvenience of a little purulent discharge from the use of a false eye cannot be compared to the risk of losing both eyes.

DR. DANIEL LEWIS, of Albany, then read a paper on

HORSE-HAIR DRAINAGE.

The hair was prepared by washing thoroughly and immersing in a solution of carbolic acid, and before using it is moistened. The advantages claimed were that it can be readily procured, it is not irritating, and the size of the drainage-tube can be diminished at will by the removal of some of the hairs.

DR. MOORE, of Rochester, regarded horse hair as one of the best materials for drainage, and also referred to the advantage which it afforded of readily diminishing the size of the drainage material.

DR. W. W. POTTER, of Buffalo, next read a paper on

DYSMENORRHŒA; ITS TREATMENT BY DILATATION,

of which the following abstract is presented:

1. That, in dysmenorrhœa, pain bears no special relation to the calibre of the cervical canal. In other words, though the channel of exit may possess sufficient patency to convey the menstrual fluid outwards with freedom, it is not a contraindication for the use of the dilator.

2. That the ready passage of the uterine probe or sound is not sufficient proof that the uterine orifices are free enough to contraindicate the necessity of dilatation. Cervices of large calibre often demand dilatation for the relief of dysmenorrhœa.

3. That anteflexion and stenosis, though frequently coexisting with dysmenorrhœa, are by no means always in the relation of cause and effect to the malady, but are, quite as frequently, mere coincidences of it. Many women have one or the other condition, and yet do not suffer with painful menstruation.

4. That the complications of dysmenorrhœa known as hystero-neuroses — the reflexes of the disease itself — frequently obscure the real malady to such an extent as to mislead in both diagnosis and treatment; but these are the cases, belonging as they do to the neurotic variety of the disease, which generally derive great benefit from dilatation.

5. That in the neurotic form of the affection the structures about the internal os will, speaking generally, be found very sensitive, considerably thickened, especially along the anterior wall of the cervix; near the os uteri internum, dense and hard, resisting the dilator with considerable obstinacy. This hyperæsthetic structure appears to be the real seat of the neurosis.

6. That in the neurotic form of dysmenorrhœa the indication of treatment is to stretch out this hypertrophic and hyperæsthetic tissue, with a view to obtain its resolution and absorption. When this is accomplished, the structures near the orifice of exit, *i, e.*, both above and below the so-called internal os, do not as readily take umbrage at the phenomena of menstruation, and thus the patient happily escapes the pain which has heretofore been associated with the performance of this function.

7. That for this form of the malady moderate consecutive dilatation, with graduated vulcanite or metallic bougies, possesses advantages over the more radical method with the two-bladed expanding dilator, which completes its work at a single sitting: for, whereas the latter instrument stretches the parts laterally, thereby increasing the transverse diameter of the channel of exit only, the former not only dilates the entire lumen of the passage, but, what is of even greater importance, by steady and repeated pressure, it promotes absorption of the hardened and thickened tissues wherein resides the neurosis.

8. That to secure success of the measure it is important that firm fixation of the uterus should be obtained, either by double tenaculum or volsellum, and to this end the Sims's speculum and the semi-prone position are indispensable. The single tenaculum will often tear out, and, besides, does not hold the cervix with sufficient firmness. In many cases an anæsthetic will be required, but, when possible, it should be omitted as unnecessarily complicating the procedure.

9. That it is of less consequence to make the dilatation extreme than to do it well. A moderate amount of stretching, properly done at regular intervals, seems to secure better ultimate results than a more radical single dilatation of the passage.

10. The theory is offered that the dilators relieve the suffering from the agonizing pain of the malady much on the same principle that nerve-stretching relieves ordinary neuralgias.

11. Finally, let it be remembered that the foregoing remarks are intended to apply, particularly, to a class of cases which may be designated as neurotic, or belonging to the neurotic form of dysmenorrhœa, in which the channel of exit, though apparently large enough to carry off the menstrual flux, nevertheless possesses little or no resiliency, and in which, furthermore, at the point where the uterine cavity merges into the cervical canal the tissues are thickened, metamorphosed, and hyperæsthetic.

The following papers were read by title:

Two Cases of Rupture of the Heart, by DR. T. H. SQUIRE, of Elmira.

Biographical Sketch of the Late James Rushman Wood, M.D., LL.D., by DR. FREDERICK S. DENNIS.

Biographical Sketch of the Late Dr. J. F. Jenkins, by DR. G. J. FISHER, of Sing Sing.

Biographical Sketch of the Late Dr. G. W. Bradford, by DR. C. GREEN, of Homer.

The Medical Society of the State of New York in its Relation to Sanitary Science and Public Health, by DR. E. HARRIS, of Albany.

Biographical Sketch of the Late Dr. James S. Bailey, by DR. J. C. CURTIS, of Albany.

EVENING SESSION.

DR. PIFFARD called up the communication from

THE ONTARIO COUNTY MEDICAL SOCIETY,

which had been laid on the table at the morning session.

THE CODE OF ETHICS.

Dr. Piffard moved that it be placed on file, and that the Secretary be instructed to notify the Ontario County Medical Society that any by-law adopted by that Society, which is not approved of by this Society, will have no legal force.

The statute of 1880 provides that county medical societies shall make such rules and regulations as they may desire, provided the action of such society receive the sanction of the State Society. The adoption of the Code of Ethics of the American Medical Association is not approved of by this Society, and therefore a by-law to that effect cannot be legal.

DR. CRITTENDEN, of Ontario, said that the object of the resolution was that the delegates from this county should use all honest means to influence the State Society to repeal what is called the New Code. It has nothing to do with a by-law.

DR. PIFFARD did not assume that this communication was presented with such an object, but many of the County Societies think that they have the right to adopt any by-law that they wish. Such is not the case. In order to be enforcible, it must receive the sanction of the State Society.

The motion was passed.

THE DELEGATE from NIAGARA COUNTY presented a series of resolutions in favor of the National Code of Ethics, which was received and ordered to be entered on the minutes.

DR. PIFFARD moved that if there be nothing further in the special order of business, the routine business of the Society be taken up.

DR. MOORE, of Rochester, said that we came here for a special purpose. Everybody knows what it is for. I had not intended to say anything. I supposed that Dr. Didama would be here and bring forward the resolution presented last year. In the absence of Dr. Didama, I ask for the reading of this resolution.

The resolution was read as follows:

Resolved, That all action taken at the annual meeting of 1882, in regard to changing the CODE OF ETHICS be repealed, leaving the CODE to stand as it was before such action was taken.

DR. T. F. ROCHESTER, of Buffalo, moved the adoption of this resolution, and in making the motion, he said: I do it with the hope of restoring the unity, harmony, and good feeling of the proudest society in the Union. I hope that the remonstrances which have been sent in from the county medical societies will not simply be tabled, and no attention paid to them. That was done last year. I think that perhaps we have all given way too much to our personal feelings. I think that on both sides party ties have been stronger than they should be, and not in the interests of harmony. We should try to do what is best for the profession at large. I believe that there is a very strong feeling in the profession against the existence of the New Code of Ethics. If we go back to its inception, we find that when it was passed there were only seventy members present, nevertheless it was legally passed.

At Cleveland, last year, the attempt was made to do what should have been done before the State Society took the position of seceding from the American Medical Association. The question as to whether any modification of the by-laws was necessary should have been brought before the American Medical Association. The attempt was made in that direction last year, but the motion would not be entertained for a moment, because this Society was in a state of rebellion. I do not believe that such a motion will be entertained as long as the New Code prevails; but I do believe that if this Code should be repealed and the Old Code restored, the members of this Society could bring the matter before the American Medical Association, and it would be received and acted upon.

DR. H. D. DIDAMA, of Syracuse, made a few remarks in the same spirit as those of Dr. Rochester, and asked, in the interests of harmony and the good of the profession, that the New Code should be repealed.

DR. ROOSA, of New York, stated that it was the intention of those who were in the majority in the City

and in the State of New York to allow the voting on this question to proceed without any remark, but since at least two new arguments or elements have been presented to the Society, both in its meetings and through the columns of the daily press, it seems proper to refer to them. The one argument is based on a threat which we hear whispered, that, unless certain circumstances occur, a new State Society is to be organized. They come to the meeting with the olive-branch in one hand and the hatchet in the other. This is the harmony of which they speak.

DR. JACOBI, of New York: I simply call for the question, as I am sure that the members here have come for the purpose of voting, and that not a single word that has been spoken will have any influence.

DR. MOORE, of Rochester, said that he considered it very dishonorable for a Society, after agreeing to certain articles, to throw them off and contemn them, without consultation with the sister States, in connection with whom they were adopted.

The question was again called for. The result of the vote was 105 in favor of the repeal of the New Code, and 125 in opposition.

NO CODE.

DR. ROOSA: Inasmuch as I stated that if a proper opportunity should again occur I would give the members a chance to vote on the abolition of all codes, if any one who voted in the minority makes this motion, I will second it.

DR. JACOBI: As no member seems willing to profit by the invitation, although I did not vote with the minority, I move the adoption of the amendment as follows:

"The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal Code of Ethics, which has up to this time been the standard of the profession in this State:

"With no idea of lowering, in any manner, the standard of right and honor in the relations of physicians to the public, and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare, that the only ethical offences for which they claim, and promise to exercise the right of discipline, are those comprehended under the commission of acts unworthy a physician and a gentleman.

"*Resolved*, Also, that we enjoin the county societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code."

DR. AGNEW then described the working of the committee that had formulated the New Code.

DR. JACOBI: When I made this motion I did not expect that it would excite much discussion; I did not want to keep the Society until three o'clock. But as it seems likely to do so, I request that the meeting allow me to withdraw my motion.

A motion was made to this effect, but its seconder, DR. FURBECK, declined to consent to its withdrawal.

A motion to adjourn until 10 A.M. was then put and carried.

WEDNESDAY, FEBRUARY 6TH, SECOND DAY.

MORNING SESSION.

After the reading of yesterday's minutes,

THE TREASURER'S REPORT

was presented, exhibiting a balance of $1462. The report was referred to the Auditing Committee.

DR. W. C. WEY, of Elmira, presented a

REPORT FROM THE COMMITTEE ON BY-LAWS,

with a resolution that the Committee on By-laws be instructed to prepare a scheme for the government of County Medical Societies, which shall be in conformity with the laws of the State of New York and of this Society, and to forward it to the County Societies.

DR. JACOBI, of New York, from the

COMMITTEE TO COÖPERATE WITH THE SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN,

reported that a hospital for diphtheria and scarlet fever had been organized in New York, and would soon be ready for occupation. The Committee offered the following resolution, which was adopted:

Resolved, That the State Medical Society deeply regrets the failure of the Legislature last year to enact the law proposed by its committee for the protection of children engaged in factory work, and respectfully commends the subject to the attention of the present Legislature, with the hope that definite action will be had in the matter, which is of grave importance and deep interest to all humane persons.

PRINTING THE MINUTES.

DR. PIFFARD, of New York, offered the following:

Resolved, That the Secretary be authorized to have printed a sufficient number of copies of the business proceedings of this Society to supply every member with a copy, and that a sufficient number be sent to the secretaries of the county societies for the use of their members. Adopted.

DR. E. V. STODDARD, of Rochester, from the

COMMITTEE ON HYGIENE,

reported that during the past year there had been no tendency to any general epidemic. Measles of a mild type had prevailed. Attention was called to the lack of proper precautions to prevent the spread of contagious diseases.

DR. F. R. STURGIS, of New York, from the

COMMITTEE ON LEGISLATION,

reported the draft of an Act, of which the following are the main features:

Section 1. The Governor shall appoint the Medical Faculty of the University of the State of New York, to consist of nine members, who shall be authorized practitioners of physic and surgery in this State, but none of whom shall be connected with any medical school or college which grants the degree of M.D.; provided, that in the appointments made the representation of the several systems of medical practice recognized by the incorporated medical societies of this State shall be in the proportion of six, two, and one, that is to say, the system having the oldest date of incorporation to have six, the next oldest to have two, and the remaining one to have one representative; and all persons desiring to enter upon the practice of physic

and surgery in this State, after November first, eighteen hundred and eighty-four, shall, before doing so, comply with the provisions hereinafter prescribed, and obtain the license hereinafter provided.

Sect. 2. Of the nine members of the said medical faculty, three shall serve, in the first instance, for three years, three for four years, and three for five years; and these terms shall be severally distributed by lot at the first meeting of the said faculty. All appointments made in the faculty at the expiration of the several terms fixed above shall be made uniformly for the period of five years each. All vacancies occurring in the said faculty, from whatever cause, shall be filled by the Regents of the University, on the basis arranged in Section 1; in case the several State medical societies shall nominate physicians to fill such vacancies, the Regents shall appoint some one of the physicians so nominated. The Regents may, for cause, remove from office any member of the faculty, after due notice, and an opportunity to be heard.

Sect. 3. The said medical faculty shall examine all applicants for license to practise physic and surgery in this State. The members thereof shall meet at least semi-annually, and at such meetings shall faithfully examine all candidates referred to them for that purpose by the Chancellor of said University, and each furnish him a report in writing of his opinion as to the qualifications and merits of each candidate, referring briefly to the degree of proficiency evinced by the applicant in the branches in respect of which he was examined by him; which opinion shall be by him denominated favorable or unfavorable.

Sect. 4. Such examination shall be in anatomy, physiology, histology, pathology, theory and practice of medicine, chemistry, surgery, obstetrics, materia medica and therapeutics, and such other branches in the several departments of medical science as the said faculty may agree upon, subject to the approval of the Regents of the University.

Sect. 6. Any person, on paying fifteen dollars into the treasury of the University, and on applying to the Chancellor for the aforesaid examination, shall receive an order addressed to the aforesaid medical faculty, instructing them to examine the candidate.

Sect. 7. The Regents of the University, after finding that seven or more of the members of said faculty participating in the examination have given an opinion in favor of a candidate, shall issue to him or her a license to practise physic or surgery in the State of New York, for which license the candidate shall pay to the University the further sum of ten dollars. Said faculty may refuse to recommend a license to any individual guilty of dishonorable or criminal conduct, and for like cause, after giving the accused an opportunity to be heard in his or her defence, the Regents of the University may revoke said license.

Sect. 8. The moneys paid to the University under the provisions of this Act, shall be appropriated by said Regents for, and shall defray all expenses incurred under the provisions of this Act.

Sect. 9. Of the medical faculty, seven members shall constitute a quorum.

Sect. 10. Subsequent to the first day of November, in the year eighteen hundred and eighty-four, every person (except such as have before such date lawfully registered pursuant to the laws of the State in force at the time of the passage of this Act), after complying with Sections six and seven of this Act, shall, before commencing to practise physic or surgery, register in the clerk's office in the county where he or she practises or intends to practise physic or surgery. Nothing in this Section shall be so construed as to prohibit medical consultations in the different counties of the State between legally qualified and registered physicians of this and other States.

DR. PIFFARD, of New York, moved that the report be accepted and entered on the minutes.

DR. C. R. AGNEW, of New York, asked why no report had been made on the bill presented yesterday by Dr. Wey, and referred to the Committee on Legislation. He moved that the report of the Committee be laid on the table.

DR. ROOSA raised the point of order that Dr. Piffard's motion was before the house, and that it must be disposed of before another motion could be entertained.

THE PRESIDENT decided the point well taken.

Dr. Piffard's motion was then adopted.

DR. AGNEW then moved that the Committee on Legislation be instructed to act upon the order of the House in regard to the bill presented by Dr. Wey.

DR. ROOSA objected that it was not courteous to the committee to try to force upon it a bill which, otherwise, it would not have entertained. There was nothing, he said, to prevent any member from introducing any bill he might desire.

DR. PIFFARD stated that, according to the by-laws, all resolutions touching medical legislation must be referred to the Committee on Legislation, who shall make a report.

DR. STURGIS said that the resolution had not been received by the Committee from the Society; if it had been, it would have been entertained.

Dr. Agnew's motion was then carried.

The Committee on Legislation then made a supplementary report embodying the bill presented by Dr. Wey, of which the following are the main features:

Section 1. From and after the first day of June, 1884, there shall be and continue a Medical Faculty of the University of the State of New York, consisting of nine members, appointed by the Governor, and no member thereof shall be or become connected with any medical school or college. Except as otherwise hereinafter provided, the members shall each hold office for five years.

Sect. 2. Upon the written recommendation of three-fourths of the Medical Faculty, the Governor may remove from office any member of the Faculty.

Sect. 3. From and after the first day of November, in the year 1884, no person not theretofore lawfully authorized to practise physic and surgery in this State shall enter upon or be admitted to such practice unless lawfully licensed, after examination by or under the supervision of the Medical Faculty, in the manner hereinafter provided, or unless regularly authorized by the diploma of some legally incorporated medical school or college in this State.

Sect. 4. From and after the first day of November, in the year 1884, excepting persons regularly authorized by the diploma of some legally incorporated medical college in this State, and except as provided in the seventh section of this Act, any person not theretofore lawfully

authorized to practise physic and surgery in this State, and desiring to enter upon such practice, may, upon payment of twenty-five dollars into the treasury of the University, deliver to the Regents of the University a written application for license, together with satisfactory proof that the applicant is more than twenty-one years of age, is of good moral character, and has received a diploma conferring the degree of doctor of medicine from some legally incorporated medical college, and thereupon the Regents of the University, through such officer as may from time to time be designated for that purpose, shall issue to such applicant an order for examination by the Medical Faculty.

The examination shall be in and upon the several departments and branches of Medical Science as the same shall have been designated by the Medical Faculty, with the approval of the Regents of the University.

The questions propounded shall be such as from time to time shall have been determined and designated by the Medical Faculty, subject to review by the Regents of the University, and written answers to such questions shall be required.

Sect. 6. The Regents of the University shall issue to every such applicant who shall have been so examined, and as to whom a "favorable" opinion shall have been delivered by seven or more members of the faculty participating in such examination, a license to practise physic and surgery in the State of New York. Such license shall be delivered only upon payment of the sum of fifteen dollars into the treasury of the University, and shall entitle the person so licensed to practise as aforesaid until such license shall have been revoked for cause, as hereinafter provided.

Sect. 7. From and after the first day of November, 1884, the legally authorized medical schools and colleges in this State shall issue diplomas conferring the degree of doctor of medicine and the right to practise physic and surgery within this State after examination under the supervision of the medical faculty in the following manner: Whenever any such school or college shall propose to make any such examination, it shall give to the medical faculty notice thereof in the manner which shall have been previously prescribed by the medical faculty, which shall, without delay, designate and appoint three of its members to attend such examination. The questions to be addressed to the candidates for degrees at such examination shall be submitted to the members of the medical faculty attending such examination, and all answers thereto shall be open to their inspection. The expenses of such attending members of the medical faculty, and the compensation of each member, at the rate of twenty-five dollars per diem for each day spent in going to or from, or attending such examination, shall be paid by the medical school or college at which such examination shall be had.

Sect. 8. The medical faculty may, by a two-thirds vote, after having given to the person to be affected an opportunity to be heard, recommend to the Regents of the University the revocation of any license issued under the provisions of this Act, or of any right to practise physic and surgery under any diploma hereafter issued, because of professional incompetency or misconduct, and unless the Regents of the University shall upon the record decide that such recommendation is not well founded, the license so issued and the right to practise under such diploma shall be withdrawn, from and after the time when such recommendation shall have been made by the medical faculty, and unless and until such recommendation shall have been overruled by the Regents of the University, the person accused shall not practise physic or surgery in this State, and any license issued under any former Act may be similarly revoked for unprofessional or dishonorable conduct subsequent to the passage of this Act, and after such revocation the person affected shall not practise physic or surgery within this State.

Sect. 9. The medical faculty may, by a three-fourths vote, recommend the Regents of the University to vacate, annul, or suspend the charter of any medical college or school within this State, and the Regents of the University, after giving to such medical college or school, through its trustees or directors and faculty, a proper opportunity to be heard, may, by a two-thirds vote, adopt such recommendation in whole or in part, and may vacate, annul, or suspend the charter of such medical school or college, or may make such determination or order as in the matter may seem proper, and thenceforth the rights and powers of such medical school or college shall exist, and be exercised only in subordination to such determination of the Regents of the University.

Sect. 12. Subsequently to the first day of November, in the year 1884, every person (excepting such as may have theretofore lawfully registered pursuant to the laws of the State) being licensed under sections six or seven of this Act shall, before commencing to practise physic or surgery, register in the Clerk's office in the county where he or she practises or intends to practise physic or surgery. Nothing in this section shall be so construed as to prohibit medical consultation in the different counties of the State, between legally authorized and registered physicians of this and neighboring States.

DR. PIFFARD moved the adoption of the supplementary report. Passed.

DR. STURGIS stated that the last bill reported had been considered by the Committee, and had not met with its approval.

DR. H. R. HOPKINS, of Buffalo, offered the following:

Resolved, That the report of the Committee on Legislation be accepted.

That the Committee be instructed to use all proper efforts to secure the passage through the Legislature, of the bill favorably reported, with any necessary amendments. That a copy of these resolutions, with the official signatures of the President and Secretary, be transmitted to both houses of the Legislature without delay.

He stated that the profession at large, as he thought from extensive correspondence, would endorse these resolutions.

DR. A. L. LOOMIS, of New York, said that this was an important matter affecting the profession at large, and also every medical college in the country. He called attention, in the first place, to the composition of the Board of Examiners. In the one reported unfavorably, it consisted of gentlemen not connected with any medical college. In the one favorably reported, of gentlemen not connected with a college which grants the degree of M.D. The latter recognizes certain sects in the profession. The great points of difference are in the composition of the Examining Board and the powers of

this Board. The one is supervisory, the other absolute. The Supervisory Board have power to examine men coming from outside the State and to investigate the teachings of the different colleges in the State. If these are irregular, they have the right to report to the Regents, recommending the withdrawal of their charter. It has power to silence all bogus schools. There is no such provision in the other bill. The objections to the bill reported favorably are that the Board is taken from the non-teaching body; England tried this, but it was a failure. In France, the Examining Board was taken from the teaching body. In Germany, the Board was mixed. It is said that other States have tried this plan, but in many it has failed. It is not safe to separate the Examining from the Teaching Board. In regard to compensation, we reject ten to twenty per cent. every year, but they pay the same whether they graduate or not. The compensation allowed by the bill is insufficient, not amounting to more than seven hundred dollars per member, the time required for thorough examination being not less than two months. He objected to the power over the curriculum of the college, as it gave power to theorists to insist upon the teaching of their hobby.

DR. ROOSA thought that if it was difficult to find nine men who would not insist upon teaching their theories, it would be equally difficult to obtain nine men for a Supervisory Board. We are willing to accept any amendment that does not eviscerate the Bill. I am informed that if the State Society will agree on some course of action, that there is a probability that the bill will be adopted at this meeting of the Legislature. In regard to sects, we can get no bill if one of the sects oppose it. It is objected that too much power is given to the Board, but it can be no more absolute than that now possessed by the medical faculties.

DR. PIFFARD read the proceedings of the last meeting bearing upon this subject, and referred to the history of the bills. He had heard that in a conference held recently in New York, its advocates had changed the ratio of representation from six, two, one, to five, three, and one. Seven constitute a quorum, and four or three members might declare that it was necessary that every medical college in the State should teach homœopathy. He then reviewed some of the other sections. He thought that both bills should be referred to a special committee.

DR. JACOBI thought that, if the Society would do nothing, the Legislature would take the matter into its own hands. He moved that when the Society adjourn, it adjourn until three o'clock, and that this matter be taken up at half-past four, and finally decided before adjournment; the motion was amended so that the bills be taken up at three.

AFTERNOON SESSION.

DR. L. HOWE, of Buffalo, thought that the object to be attained could be better reached through the Society itself than through the Legislature; and that the Society could appoint a committee to have supervision of the medical colleges; and he offered this

AMENDMENT.

That a committee be appointed to draft a plan whereby a Commission should be organized, whose duty it should be to attend the examinations of the medical colleges, take cognizance of the methods and the excellencies or defects of such examinations, and report the same each year at the annual meeting. The committee to report such a plan during the present session.

DR. DALTON, of New York, seconded the amendment, and spoke at length in its favor. He was opposed to legislation on this subject. Both bills presented the defect which it was one of their objects to remedy. To take away the inducement of increased fees which come with the increased number of students, the bills provide that the examining board shall be paid from the fees collected from those examinations. He did not believe that in either instance this would be the case. Either bill would diminish the efficiency of the teachers by taking from them the responsibility; also, it is evident that the balance of power is in the hand of the eclectics.

Dr. Howe's motion was laid on the table to allow of the introduction of a substitute by Dr. Hopkins, to obtain an expression of opinion by the meeting, whether or no an examining board was wanted.

DR. PIFFARD moved as an amendment to Dr. Hopkins's motion, that the matter be referred to a committee, consisting of Drs. Loomis, Curtis, and Vanderveer, with the Committee on Legislation, and that this joint committee be instructed to report a bill at the next annual meeting.

A number of members spoke in favor of the motion.

The amendment was carried, and Dr. Hopkins's motion as amended was adopted.

THE REPORT OF THE COMMITTEE ON PRIZE ESSAYS

was on motion reconsidered. A majority report embodying the features of the report made on Tuesday, was presented.

DR. W. W. POTTER, of Batavia, presented a minority report, stating that the essay to which it was recommended by the majority report to award the prize, was, in his estimation, unworthy of it. While an excellent paper, it did not reach the standard. He therefore recommended that the prize be not awarded.

DR. VANDERVEER moved that the minority report be accepted. He said that the same essay had been presented to the New York County Society, and had been rejected. It was made up largely of extracts.

The motion was carried.

DR. MITTENDORF then read a paper on

FÖRSTER'S METHOD OF RIPENING CATARACT.

It is a well-known fact that if the lens be injured it may become opaque. Acting on this, Förster advised iridectomy for the purpose of ripening senile cataract. The indications for the operation are cataract in both eyes at the same time; loss of one eye, the other becoming cataractous; where one eye is diseased, and on account of that disease cataract develops in the other eye; where the patient is going beyond the reach of skilled help. The operation consists in an iridectomy, and then gently rubbing the cornea with the blunt angle of a strabismus-hook. The after-treatment consists in keeping the patient for a few days in bed, and instilling a weak solution of atropine. Complications are to be treated as in other cases. The results are favorable. In two cases the cataract ripened in four days; in the majority

in four weeks. The operation is not entirely devoid of danger. It is to be performed in exceptional cases. In twenty patients operated on, only three had serious inflammatory complications.

DR. SHEEHAN read a paper on *House Sanitation as it is and should be.*

DR. J. B. TODD, of Parish, reported the following case of

SPONTANEOUS PYÆMIA.

A. W., aged fifty-nine, a farmer; previous health and habits good. On the morning of September 23, 1883, he had a severe chill, but he was able afterwards to ride six miles in a wagon. He was much prostrated, and fainted and vomited on the way. At night, he returned to his home. At this time his condition was as follows: Countenance shrunken and bloodless, hands stiff, complained of pain in every part of the body, and especially in the back. He was much prostrated, and could not get to bed without assistance. The temperature was 103°, and the pulse was 90 per minute.

On the 24th the feet were very painful, and felt as though they had been burned. The balls of the toes seemed inflamed; temperature 104°, pulse 95.

On the 25th, the feet were still painful, and there was a deposit of pus about the nails; temperature 102°.

On the 28th, pus was found beneath the skin of the balls of the toes; pustules and spots of ecchymosis were found on the back. He passed into a typhoid state, with semi-unconsciousness and incontinence of urine, and died on the 30th, having been entirely unconscious for the twenty-four hours preceding death.

At the post-mortem, the capsules of the kidneys were readily detached, and beneath them were found a large number of minute pustules.

The treatment consisted in the use of stimulants, with quinine, carbonate of ammonia, digitalis and opium as required, and the administration of nutritious food. It was thought that the probable explanation of spontaneous pyæmia was the formation of a thrombus in the tissues of the lung or liver, the thrombus subsequently undergoing degeneration and producing poisonous materials.

The following papers were read by title: *Care and Preservation of Medical Pamphlets*, by Dr. J. G. Fisher, of Sing Sing; *Strangulated Hernia, Five Cases Treated by Operation*, by Dr. J. Chapman, of Medina; *Notes on the Treatment of Diseases of the Digestive Organs*, by Dr. F. A. Castle, of New York; *Hay Fever*, by Dr. J. O. Roe, of Rochester.

The next paper was by DR. M. JOSIAH ROBERTS, of New York, on

THE CURE OF SPINAL CARIES WITHOUT DEFORMITY.

After describing the physiology of the joints and the necessity of some apparatus which does not fix the joint, he exhibited his apparatus, in which, opposite each joint, there is a sliding arrangement, held together by a rubber band. By this means the nutrition of the limb is increased, and a cure can be effected in one-third less time than by other means.

DR. FOWLER, after considerable experience, had discarded all bandages. He used splints of leather moulded over a plaster cast. This answers all the purposes of traction. In his hands the long Taylor splint was successful, but he had noticed that it failed to make the traction for which it has been introduced and to this failure he attributed its success.

DR. PHELPS then read a paper on

SYNOVITIS OF THE KNEE-JOINT,

and exhibited some cheap forms of apparatus which he had devised for the treatment of chronic inflammation in various joints. The principle on which extension should be applied is that the line of extension should be in the line of the deformity; in any other way, traction will cause pressure on the joint. The apparatus for the knee consists of a tin band above and below the joint, on each side of which bands a loop was soldered, through which a stick passed. The bands are secured to the limb, and the sticks inserted; the limb is then drawn out as far as is desired, and pins inserted in holes in the sticks, maintaining the extension. When powerful extension is desired, where the deformity is marked and the synovitis is old, two bands are secured as before, having a pocket at the posterior surface, which receives the end of a rod, which can be lengthened by sliding through a loop of tin, and secured by a pin. Around the knee and the stick an elastic bandage is applied; for the ankle, a foot-piece, with holes to receive iron side-pieces, is used; the upper ends of these, passing through loops in a tin band, secured to the calf, can be fastened with a pin, as in the previous cases.

DR. W. C. WEY, Chairman of the

COMMITTEE ON BY-LAWS,

reported a resolution approving of certain amendments of the Albany County Society. It also recommended that the Treasurer and Secretary constitute a temporary Committee on Credentials, until the permanent committee be appointed. Adopted.

DR. C. L. DANA, of New York, then read a paper on

MORBID SOMNOLENCE.

He reported fifty cases of morbid somnolence, four of which had come under his observation. The affection is due to different causes, such as old age, diseased vascular conditions, diabetes, dyspepsia, sunstroke, cerebral tumors, and exhausting diseases. After a time the general health is affected, and sometimes the mind gives way. The symptoms show themselves in various ways. Sometimes consciousness is not entirely abolished. The treatment should consist in remedies to remove the cerebral anæmia or hyperæmia. Exposure to sunshine, heat, and noises has been recommended. Sternutatories are recommended. Symptomatic remedies, as coffee, caffein, cocoa, belladonna, nitroglycerine, and nitrite of amyl are also useful.

THE EVENING SESSION

was held in the Assembly Chamber of the Capitol.

THE PRESIDENT, ALEXANDER M. HUTCHINS, A.M., M.D., of Brooklyn, delivered

THE ANNIVERSARY ADDRESS.

He choose for his subject

THE RECIPROCAL ATTITUDE OF THE MEDICAL PROFESSION AND THE COMMUNITY.

He said there is a medical science, but if medicine were a science only, there would be fewer medical

schools than now exist. The former part of this proposition has been denied. The impression is prevalent that, while much learning has been amassed in medical research, the results thereof are so unrelated, and the conclusions so untrustworthy as a basis for future observers, that even conceding that some of its methods are scientific, in the catalogue of the sciences it is to be classed among the empirical, and not in the exact.

Medical science assumed her unique place among the sciences when the facts and phenomena, evoked by biological research, were made the basis of investigation, whose purpose is to prolong the vital process and arrest the untoward influences that perpetually threaten its extinction. This is her distinctive mission.

The body of medical science is the slow accretion of the centuries, and the contributions to its learning are too numerous for the historic pen. The results of yesterday are the alphabet of to-day. But seventy-five years have gone since the ovarian cyst was exsected by the grave Kentuckian whose honored memory his grateful brethren have perpetuated by the granite obelisk in the Danville churchyard, and by a skilful use of exceptional opportunity the Scottish chieftain is justly credited with having added hundreds of years to woman's life; and not only that, but, wherever this literature has reached, men, whose names can never become historic, are performing this merciful task with assurance and success. But fourteen years have gone by since the turf hid the gifted German who revolutionized the operation for cataract, but even now, the great centres show a phalanx of men whose skill is greater, as their experience has increased. By the very genius of the science this history of progress and change must always be repeating. The days rapidly hasten on when the names of McDowell and Von Gräfe, of Keith, and Sims will be prominent only as landmarks.

The one hundred years have just passed since Jenner's observations and experiments in Gloucestershire associated his name inseparably with the amelioration of smallpox. Fifty years later Ehrenburg and Dujardin studied and described the various forms of monas, vibrio, spirillum, and bacterium, and the century hardly rounded before Schwann had shown that these bacteria are the cause of the putrefaction of organic substances, and Pasteur had extended this discovery so as to create the belief that all putrefactive changes are due to such minute organisms, when Lister had developed his antiseptic method based on these discoveries; when Koch propounded his theory that tubercular consumption was due to the bacillus; when erysipelas, and glanders, and splenic fever, and malignant charbon were shown to be due to special types of bacteria, and Pasteur had inoculated the attenuated virus of malignant charbon as a protection to cattle and sheep from attacks of the severe forms of the disease.

These discoveries increase rather than remove our doubts as to what lies beyond, but their far-reaching results, of which the foregoing are but hints, are the product of the present decade of investigation, and we stand but at the threshold of these directions of biological research.

The attitude of the community toward scientific study is, primarily, that of antagonism. Innovation provokes opposition. There are many years, but one sentiment, between the persecution of Galileo and the onslaught on vivisection. Popular government has never initiated any movement to promote research, for that implies a cultivated sentiment among the voters, and the English-speaking nations have done almost nothing in the way of State appropriations for scientific study. Germany, France, Russia, Holland, Belgium, and Italy are, almost exclusively, the originators of the later methods. From their laboratories have come the great discoveries of modern times, and this, because in these countries the laboratories have been under State patronage. The most that has been done in England and the United States, has been done by those men whose capacity for scientific discovery has been accompanied by the possession of private fortune; the remainder has come from work incidental to the occupation of professional chairs.

In this country, neither the nation, nor, to my knowledge, any State has done the first thing to further scientific research directly. Much has been done for industrial education, and a great deal of research is really carried on under cover of State and government appropriations, but all is of secondary moment to the powers that be.

Scarcely any provision has been made until recently for biological science in an institution of learning, beyond elementary instruction. New research is contemplated in a few, notably in the Johns Hopkins laboratory and in the investigations by Dr. Martin in Chesapeake Bay and at Hampton. This enterprise is due to private beneficence, and its results, especially in investigating the various modes of propagating the oyster, have induced the State to promote further studies in this single direction.

The cultus of medical science must continue to share the experience of all original investigation and remain a personal factor among the diverse directions of human industry. Multitudes stand ready to seize the results of its labors and apply them, in ways that men can understand, to the satisfaction of human need. They who cull the flowers, enjoy the fruit, reap the harvest or sell the crop, are of different mind and other station than they who till the ground, plant the seed, nurture the sapling and wait, through recurring seasons of sun and snow, till the sturdy limbs are shelter and refreshment to the unthinking life that recks not of its benefactors.

There is an art of medicine and its multitudinous votaries attest the fruitfulness of its pursuit.

In 1880 the States and Territories of this country held a population of 50,155,783, and of these, 85,671 persons were enumerated as either physicians or surgeons, a proportion of 1 to 585. In the State of New York there were 5,082,783 persons, of whom 9,272 were doctors, a proportion of 1 to 548. What the ample front doors of the medical colleges, with the signatures of numerous licensing bodies, have done, during the past four years, to swell the total, it would be hazardous to speculate upon. But these salutary, health-forecasting and longevity-producing statistics stamp the effete and tottering governments of Europe with the die of derision, in their infamous disregard of human comfort, and put an extra gilding on Columbia's protecting ægis, prolonging the beauty of her daughters and the bravery of her sons; for while the proportion of doctors to population in Switzerland is 7.06 per 10,000, in Italy 6.10, in Hungary 6.10, in England 6, in Austria 3.41, in Germany 3.21, and in France 2.91, the United States with her 17.1 per

10,000 have consummated what Berkely foresaw, but did not dare to write—

"Westward the doctor's empire has full sway."

It is asking too much of credulity to believe that the attitude of the profession is friendly to the community, when the lavish gift of the doctorate puts into so many undisciplined hands the medical arts which are as potent for evil as for good.

Humiliating and unsavory though it be, the pregnant fact holds true, that, coupled with that large body of men who acknowledge an ancestry of scholars and faithful students of nature, who base their art on principles which have survived criticism, who practise their art in the interest of the physical and spiritual well-being of their fellow-men, whose livelihood is a legitimate product of their worthy and acceptable service, there is another and large class, known not only to the census enumerator but to the community, by the same name, with equal protection under the law, who, with insufficient culture and consciences dulled through habitual and ignorant tampering with grave responsibilities (described lately by an influential medical journal as "hangers-on of whom any party would be ashamed"), who are a standing menace to the community, which, accepting all as competitors in the race, gives to all alike its patronage and its support.

While the history of research has proved that the community has been slow to recognize its duty to scholars, in facilitating their inquiries into the facts and phenomena of physical life, which have developed laws and expedients so important and far-reaching in their influence on the well-being of the race; yet the contrary holds true in the attitude the community sustains to medical art. Certainly, in this country at least, in the broadest sense, up to the limits of its education, the community has been a lavish patron of the agencies that alleviate disorder and a co-worker in enforcing the instrumentalities which prevent disorder.

Certainly the community is not slow to accept the offers of mercy, for while it submits patiently to all that is ordered by the profession, takes all its medicaments, undergoes all its operations, awaits the results of all its experiments, and, unhesitatingly, believes everything it says, and quotes it, more or less correctly, for the neighborly benefit; the community, in its charity towards all, does not allow the profession monopoly in the practice of medicine, but, with its faith in drugs, and measuring their efficacy by the violence of their operation, it swallows on bare printed promises $60,000,000 in proprietary medicines per year, and assists the fortunes of drug dealers to the extent of $80,000,000 per annum more.[1]

It is estimated that three-fourths of those enumerated as physicians and surgeons are up to the limits of their individual competency, applying to the healing of human ills the best methods of experience, based on the knowledge derived from scientific research. The remaining 20,000 are an *olla podrida* of every conceivable specialty, having the common bond of applying each his own special method of cure to all diseases. The particular mode of cure is the trade-mark to attract patronage. If any is honest enough to vary his method of cure, with the hope of benefit to his patron, he is dishonest to his advertisement. If any are so bigoted as to believe that one mode of cure is applicable to all diseases, or if any are so rigidly adherent to their special trade-mark as to apply it to all, regardless of all consequences save their personal gain, the community is not only defrauded but damaged. It would be idle to deny that each trade-mark covers some truth, or that some useful thing has been the stock in trade of some peripatetic healer, as witness the carbolic acid injection for hemorrhoids. It is very doubtful if scientific medicine is wanting in any of the appliances, which, taken alone, are the stock in trade of the exclusive practices.

The personal factor enters so largely into individual success in the practice of medicine, that the community judges of results mainly by its observations of the mode by which the results are obtained. The community is influenced less by a system of practice than by its confidence in the man in whom it has trusted. The community is as incompetent to decide upon the merits of the former as it is capable of being deceived by the skilful manipulation of the latter. This personal factor makes personal character take front rank in qualification for medical practice. The community may suffer seriously by its patronage of nostrums and exclusiveness, but the community undergoes greater peril and the *corps d'esprit* of the medical profession is outraged infinitely more by the incompetency to which it has given its diploma, and by the dishonesty and trickery in its ranks, which it sees and cannot control. Whoever can deny the one or the other is blind to human frailty, and he is to be credited with angelic confidence too pure and ethereal for this "vale of tears." The physicians who are floundering through the uncertainties that ignorance imposes, or who abuse the confidence of the community for purposes of gain; who will take any other course than to tell the truth and employ the most experienced devices to secure the speediest results, are beyond the reach of all codes, whether of human or archangelic contrivance. And yet the profession, in all consistency, having granted those the degree with a free heart and a God-speed, must consult with them on equal terms, and, in an emergency, defend them in the public confidence. To turn a child from the door as an outcast is inhuman.

[1] These figures are, doubtless, far below the actual facts. The census reports 563 patent medicine establishments, producing $14,682,494, and 8,592 drug and chemical establishments producing $38,173,658. Three times this amount, distributed through the 30,000 drug stores, would give an average total sales for each of $5,000.

THURSDAY, FEBRUARY 6TH, THIRD DAY.

MORNING SESSION.

DR. E. L. PARTRIDGE, of New York, read a paper on the

MANAGEMENT OF FACE PRESENTATIONS.

He said that the transformation into face presentations occurs within the last two weeks of pregnancy. He narrated a number of cases in which, under chloroform, he introduced the hand and converted a face into a vertex presentation. He proposed the questions: "Is it desirable to effect a change to vertex? and Is the operation easy and free from danger?" The favorable circumstances are: dilated os, a face easily lifted from the pelvic brim, unruptured membranes, and capacious vagina. The operation is easy, it being only necessary to introduce the finger into the uterus.

DR. A. JACOBI, of New York, read a paper on

ARSENIC AND DIGITALIS IN PHTHISIS.

He said that arsenic in small and frequent doses improves the connective tissue growth, which is probably due to the action on the cells themselves. Consumption is usually of long duration, and nutritive disorders are frequent. Arsenic is the best alterative and nutritive which we can employ. He does not use it while hectic fever is high, but when the temperature falls arsenic in small doses is a very valuable agent in doses of from one-fifteenth to one-sixth of a grain, with little opium. Digitalis is also valuable. Almost the universal method of use is a grain and a half of the extract combined with other remedies indicated; this may be continued for weeks. When there is no fever iron may be given. In anæmia, digitalis is an excellent tonic with iron, nux vomica, and arsenic.

DR. DRAKE agreed with Dr. Jacobi, but he thinks arsenic is more useful in the second stage. He uses it to reduce the temperature. Digitalis is used in Bellevue Hospital in almost all cases of pneumonia, and in all cases of alcoholic pneumonia.

DR. W. WOODWARD, of Big Flats, reported

TWO CASES OF POISONING BY TANSY.

Case I.—An unmarried girl, aged twenty-one, was seen September 21, 1879. She had been found in an outside cellar in an unconscious condition, having convulsions, and frothing at the mouth. She had never had fits before. The menses had stopped in the preceding February, and, from the enlargement of the abdomen, it was supposed that she had dropsy. She had been advised by a relative to take something to bring on the menses, and an examination of the drug taken showed it to be oil of tansy. On examination, the abdominal enlargement was found to be due to pregnancy. She recovered from the effects of the drug, and in the following December was delivered of a child said to have been stillborn.

Case II.—Mrs. W. G., aged twenty-nine, was seen June 16, 1882. In the early part of the morning, she appeared to be perfectly well, but about nine o'clock she felt dizzy, became partially blind, and passed into an unconscious condition in which she remained for an hour, when she partially recovered, and sent for assistance. At two o'clock P. M., the temperature was 100°, the pulse 80 per minute, and the respiration slow, but not stertorous. She could speak in a whisper, and could see large objects, but was unable to recognize individuals. She became faint whenever the head was raised from the pillow. On questioning her, it was found that for the preceding three days she had been drinking an infusion of tansy, and injecting the same into the vagina with the intention of producing abortion, being so engaged when she first fell on the floor. A vaginal examination showed the os uteri closed, and the lips patulous and soft.

About nine A. M. of the 17th, she became convulsed with clonic spasms, and lost consciousness. There was a second attack at three P. M. From four to five P. M., there were partial loss of consciousness, blindness, and slow respiration (fifteen per minute). It was said that during the paroxysm the respirations were stertorous. The pulse was slow or normal, and there was no disturbance of the bowels or of the urinary apparatus. Not receiving encouragement in her efforts to produce abortion, she consulted another physician. Shortly afterwards she had a miscarriage.

THE NOMINATING COMMITTEE

then presented the following report, which was adopted:

President.—Dr. B. F. Sherman, of Ogdensburgh.

Secretary.—Dr. William M. Smith, of Syracuse.

Treasurer.—Dr. Charles H. Porter, of Albany.

Censors.—*Southern District:* Drs. F. A. Castle, Geo. H. Fox, D. Webster. *Eastern District:* Drs. E. D. Fergusson, N. L. Snow, LeRoy McLean. *Middle District:* Drs. A. Churchill, J. K. Chamberlayne, Frazer. *Western District:* Drs. T. F. Rochester, B. L. Hovey, T. Dimon.

Committee on Ethics.—Drs. A. Jacobi, A. Matthewson, C. E. Whitbeck.

Honorary Member.—Dr. Wm. G. Bronson, of Connecticut.

Adjourned.

NEWS ITEMS.

ALBANY.

(*By Telegraph from our Special Correspondent.*)

THE NEW STATE MEDICAL SOCIETY.—On Wednesday morning a meeting of the adherents of the National Code of Ethics was held at the Delavan House, and the New York State Medical Association was organized. The following officers were elected:

President.—H. D. Didama, M.D., of Syracuse.

Secretary.—E. D. Ferguson, M.D., of Troy.

Treasurer.—John H. Hinton, M.D., of New York.

Dr. Austin Flint, Jr., proposed New York as the next place of meeting, which was adopted. It was resolved that the time of meeting should be the third Tuesday of November.

GASTROSTOMY.—On Thursday of last week, Dr. S. W. Gross, at the Jefferson Medical College Hospital, performed the first stage of the operation of gastrostomy on a woman aged fifty-one, suffering from carcinoma of the œsophagus. On the eighth day the woman's temperature and pulse were normal, and the case was progressing most favorably.

A BILL TO PREPARE AND PUBLISH A NATIONAL PHARMACOPŒIA FOR THE UNITED STATES.—In the House of Representatives, on January 8, 1884, Mr. Randall introduced the following bill, which was read twice, referred to the Committee on Ways and Means, and ordered to be printed.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

That the Secretary of the Treasury shall, as soon as practicable, detail two officers of the Marine-Hospital Service, and the Secretary of War shall detail two officers of the Medical Staff of the Army, and the Secretary of the Navy shall detail two officers of the Medical Staff of the Navy, for the duty of compiling and preparing a pharmacopœia, which shall be known as the *National Pharmacopœia of the United States of America*, and shall

be held and accepted as the standard for the purveying, compounding, and dispensing of drugs or medicinal agents, and shall be taken as authority in the Treasury Department on all questions arising under the tariff laws of the United States with regard to the nomenclature, description, and purity of drugs or remedial agents, and shall further be received as evidence in the United States courts. And the matters contained in the said pharmacopœia shall be free for use by all authors and commentators for the benefit of the medical and pharmaceutical professions and of the community at large; and it shall not be lawful for any one to reprint and publish the said pharmacopœia as a whole.

Sect. II. That the medical officers detailed as above provided shall invite the American Medical Association and the American Pharmaceutical Association, at their next annual meetings, to form committees of not more than three members from each of the said Associations, which committees, if so appointed, may coöperate with the above-named medical officers in the preparation of the said pharmacopœia, forming a board which shall have power from time to time to add to its number as may in its judgment be necessary, and which shall elect a chairman and a secretary, and adopt such rules as it shall see fit for the expediting and perfecting of the said pharmacopœia, which, when completed, shall be printed under the supervision of the said board; and an edition of not less than five thousand copies shall be printed, for use in the several Departments of the Government of the United States; and copies may be furnished to private persons in accordance with the provisions of section thirty-eight hundred and nine of the Revised Statutes.

Sect. III. That for the purpose of defraying the necessary expenses of preparing the said pharmacopœia, the sum of five thousand dollars is hereby appropriated out of any moneys in the Treasury not otherwise appropriated, and the same shall be disbursed under regulations to be prescribed by the Secretary of the Treasury.

Sect. IV. That the said pharmacopœia shall be revised once in ten years, upon the plan embodied in this Act.

PRECAUTIONS AGAINST YELLOW FEVER.—The Secretary of the Treasury has approved the recommendation of Surgeon-General Hamilton, that an immediate inspection be made of the cities bordering on the Gulf of Mexico and the Caribbean Sea, having commerce with the United States, in order that their actual sanitary condition may be known in advance of the yellow-fever season.

THE ALUMNI OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK had their annual dinner on the evening of January 31, at Delmonico's. Dr. Alexander E. McDonald presided. Speeches were made by Drs. Fordyce Barker, S. O. Van der Poel, and others, in response to toasts.

THE DEPARTMENT OF VETERINARY MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA.—We are informed that the organization of this department of the University of Pennsylvania has been completed, and the members of the faculty, with the exception of two or three special teachers, appointed. The faculty includes William Pepper, M.D., LL.D., Provost of the University and *ex-officio* President; Rush Duffen Huidekoper, M.D., V.S., Dean, Professor of Internal Pathology, and *pro tempore* Professor of Veterinary Anatomy; James Tyson, M.D., Professor of General Pathology and Morbid Anatomy; Horatio C. Wood, M.D., LL.D,, Professor of Materia Medica, Pharmacy, and General Therapeutics; Theodore G. Wormley, M.D., LL.D., Professor of Chemistry and Toxicology; Harrison Allen, M.D., Professor of Physiology; Joseph T. Rothrock, M.D., B.S., Professor of Botany; Andrew J. Parker, M.D., Ph.D., Professor of Comparative Anatomy and Zoölogy; Robert Meade Smith, M.D., Professor of Comparative Physiology; —— ——, Professor of Surgical Pathology and Obstetrics; Adolph W. Miller, M.D., Ph.D., Demonstrator of Pharmacy; Henry F. Formad, M.D.. B.S., Demonstrator of Pathology and Morbid Anatomy.

The course of study extends over three years, the year beginning October 1 and ending on June 15. The requirements for admission to this department are the same as for the Department of Medicine. The studies are for—

First Year.—Chemistry, Materia Medica and Pharmacy, Physiology, Histology, Botany, Zoölogy, Veterinary Anatomy, and Forging.

Second Year.—Medical Chemistry, Physiology, Therapeutics, General Pathology and Morbid Anatomy, Veterinary Anatomy, Surgical Pathology, Internal Pathology and the Contagious Diseases, Botany, and Zoölogy.

Third Year.—Therapeutics, General Pathology and Morbid Anatomy, Surgical Pathology and Operative Surgery, Internal Pathology and the Contagious Diseases, Sanitary Police, Obstetrics, and Zoötechnics.

In the second year the student will attend clinics, and will serve as aid in the hospital; in the third year, he will be placed in charge of sick animals, and be required to prepare clinical reports and make autopsies. He will also make regular visits to breeding and dairy farms and to slaughter-houses, in order to familiarize himself with the races of animals, the economical means employed in their care, and the varieties of butcher-meat.

Examinations will be held at the close of each year and at the end of the course. All these examinations must be passed satisfactorily before the student can be registered as a candidate for the degree.

Graduation.—Upon completing satisfactorily the full course of study, the student receives the degree of Veterinary Surgeon (V.S.), upon the same conditions as those on which the degree of Doctor of Medicine is conferred.

A handsome amphitheatre and large rooms for dissection and laboratory work have been erected, and the stables requisite for hospital use will be finished and occupied before the opening of the department, in September, 1884.

THE NEW YORK POLYCLINIC.—The faculty of the New York Polyclinic, recognizing in the increased prosperity of this institution the necessity for further effort in the direction of post-graduate study for practitioners of medicine, have determined to enlarge, to some extent, the scope of their work, and to provide more commodious lecture-rooms for their classes.

To this end the management have purchased the extensive property heretofore in part occupied by the Polyclinic, which, already well adapted to purposes of

medical instruction, will be remodelled and fitted out with comfortable amphitheatres for clinical work, well-furnished laboratories for chemical, histological, and pathological studies, and rooms for operative surgery and demonstrations in surgical anatomy. Two hospital wards will be set aside for the accommodation of such typical cases of injury and disease as may be instructive to the classes and elsewhere with difficulty observed.

THE PHILADELPHIA CLINICAL SOCIETY.—The Northern Medical Association of Philadelphia reorganized at the College of Physicians on the evening of January 26th, as the Philadelphia Clinical Society. A large number of new members were enrolled, and the following officers elected for the ensuing year:

President.—Henry Beates, Jr., M.D.
First Vice-President.—E. E. Montgomery, M.D.
Second Vice-President.—Hannah T. Croasdale, M.D.
Corresponding Secretary.—J. E. Richardson, M.D.
Recording Secretary.—J. G. Heilman, M.D.
Reporting Secretary.—G. Betton Massey, M.D.
Treasurer.—L. Brewer Hall, M.D.
Censors.—A. S. Barton, M.D., S. N. Troth, M.D., Albert H. Smith, M.D., James B. Walker, M.D., and Henry Rihl, M.D.

TRAINED NURSES IN ROME.—One of the newest fields of activity for the graduates of the Bellevue Training School for Nurses, according to the *New York Tribune*, is Rome. The Rev. Dr. Nevin, Rector of the American Episcopal Church, organized the movement in response to the solicitations of travellers exposed to the insidious fevers of the Campagna, and subjected to the ignorance and inexperience of Italian nurses. His idea was that there were a sufficient number of American and English invalids in Rome and adjacent cities to give constant employment to an organized association of trained nurses. Having formed his project, he sent to the Bellevue Training School for recruits. It is very satisfactory to learn that these volunteers have succeeded admirably in their work. The agency is known as St. Paul's House for Trained Nurses, with an office at No. 16 Via Palermo, Rome. The manager, Miss Adelaide S. Martin, supplies nurses for cases of sickness anywhere in Italy. During the first ten months forty-eight applications were received and twenty-three cases treated. The number of nurses will be doubled during the present season, and there is every prospect that the association will speedily become self-supporting. A majority of the nurses employed are Americans, and their efficiency in the sick-room, their self-possession, and quiet ways are generally commended. They are doing excellent work, and are adding steadily to the reputation of the institution at home which gave them their scientific training.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending January 26, 1884, indicate that influenza, rheumatism, tonsillitis, typho-malarial fever, and cerebro-spinal meningitis have increased, and that remittent fever has decreased in area of prevalence. Including reports by regular observers and others, diphtheria was reported present during the week ending January 26, and since, at twelve places, scarlet fever at twelve places, and measles at eight places.

OBITUARY RECORD.—DR. ELISHA HARRIS, Secretary of the New York State Board of Health, died of peritonitis, in Albany, on Thursday, January 31. Dr. Harris was born in Westminister, Vt., in March, 1824. He received his medical education at the College of Physicians and Surgeons, New York City, receiving his degree in 1849. During the civil war, he took an active part in the improvement of the United States Sanitary Service, and invented a railway ambulance, which received a prize at the Paris Exposition in 1867. Dr. Harris was a large contributor to medical and sanitary literature.

NOTES AND QUERIES.

RADICAL CURE OF ARTIFICIAL ANUS.

To the Editor of THE MEDICAL NEWS.

SIR: I note, in THE MEDICAL NEWS of this date, the editorial remarks upon the subject of "The Radical Cure of Artificial Anus," in which you kindly alluded to my case published in THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, in 1867. You say that, "although the operation failed, to Dr. Kinloch belongs the credit of having been the first to practise enterectomy and enterorrhaphy for the lesion under consideration." But should not the word *failed* be qualified in some way, even if it is correct to use it in connection with my operation? To me the *success* of the operation was more gratifying than any that has before or since followed upon a surgical procedure. The operation saved my patient's life when death was regarded as most imminent. It reëstablished the track of the intestinal canal, and the natural flow of its contents; and there followed immediately such improvement in the nutrition of my patient that in a remarkably short period of time he weighed over two hundred pounds, and again pursusd his accustomed occupation in life. The "failure" then consisted merely in the fact that through the giving way of a suture a slight fistule was left, which discharged a little serous liquid up to the time when I lost sight of the man.

The suggestion for such an operation, which you say was made by "the elder Gross, thirty-seven years ago," I was not aware of at the time. Very truly yours,

R. A. KINLOCH, M.D.

CHARLESTON, S. C., February 2, 1884.

RUPTURING THE MEMBRANES IN LABOR.

To the Editor of THE MEDICAL NEWS.

SIR: I have been engaged in the practice of medicine for twenty years, and have been a constant subscriber and reader of THE MEDICAL NEWS and THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES since 1865, and, during these years, have *read* of many ways of rupturing the amniotic membranes; but have yet to see the first case in which the "Amniontome" or any other "*tome*" was needed, save the one that God gave us—the index finger. It is plain to my mind that the membranes are ruptured early in labor for the benefit of the doctor more than the patient.

I have been, in several cases (years ago), quite anxious about the fœtus, for fear it would be "drowned in the waters." But I have yet to meet with any ill consequences from allowing the membranes to proceed entire until I could *pinch* them open with my *thumb* and *forefinger*.

Of course, this shuts out the "embellishments of the profession," especially "*Amniontomes*," and entitles me to the distinction of an "old fogy." Yet I do not believe that God ever intended, or the welfare of the patient ever demanded the rupture of the membranes until labor had so far advanced that it could be accomplished without the aid of instruments; save those that God has given us.

Respectfully,

S. E. HAMPTON, M.D.

MILTON, KENTUCKY, January 22, 1884.

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*